

STATE OF TENNESSEE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
FISCAL YEAR 2009 STATE PLAN
JULY 1, 2008 - JUNE 30, 2009



PHIL BREDESEN
Governor

DEPARTMENT OF HUMAN SERVICES
Designated State Agency

VIRGINIA T. LODGE
Commissioner

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INTRODUCTION

The Low Income Home Energy Assistance Program (LIHEAP) is administered by the Tennessee Department of Human Services and funded by the U. S. Department of Health and Human Services. The program is designed to assist eligible low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, in meeting their immediate home energy needs. The program also provides residential weatherization services in coordination with the Department of Energy's Weatherization Assistance Program. Priority in energy assistance, as well as the level of assistance, is based on the energy burden, income, and size of applicant households; and the presence of vulnerable household members (i.e., frail elderly, disabled, and young children).

As a block grant, the State is afforded the flexibility to plan and design the energy and weatherization assistance services to best meet the needs of Tennessee's low income households. The development of the LIHEAP State Plan is done with the guidance of the Low Income Home Energy Assistance Act of 1981, as amended and State Legislation (i.e., Public Chapter No. 852).

Local contract agencies serve as the vehicle to provide assistance to eligible households under the program. The local agencies' responsibilities include outreach activities, application intake, eligibility determination, maintenance of records, processing of appeals, monitoring, and payment of benefits.

Each LIHEAP contract agency is required to adhere to the Accounting Manual for Recipients of Grant Funds in Tennessee, published by the State of Tennessee, Comptroller of the Treasury.

Changes from previous edition of the LIHEAP State Plan

The Department has made programmatic, allocation and other changes to the program for Fiscal Year 08-09. The following is a summary of major changes. Please read the entire State Plan closely to determine program operation requirements.

- The allocations throughout this document are the ESTIMATED allocations currently contained in each agency's contract. These allocations will be updated when information on the FY 2009 allocations are received from the federal Department of Health and Human Services.
- The Priority Points system has been revised.
- The definition of income has been revised.

DEFINITIONS

As used in this plan:

Administrative Fair Hearing - An independent hearing for any applicant whose application for assistance is not acted upon within a timely manner for any applicant who is denied assistance except when funds are exhausted, and for any recipient who is dissatisfied with the service for any reason.

Department - Tennessee Department of Human Services.

Disability- Any person, who has a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

Elderly - Individual who is 60 years of age or older.

Energy Assistance – Assistance provided to low-income households and vulnerable households to meet their home energy needs.

Energy Burden - The percent of an applicant's total household income which is used for home energy costs.

Energy Crisis – A weather-related and/or supply shortage emergency and other household energy-related emergency, as defined in the local agency's proposal to the State, whereby a household's health and/or well-being would likely be endangered if energy assistance is not provided.

Energy Crisis - Program component which provides services to households which are subject to life-threatening conditions without immediate intervention to address their critical energy-related needs.

Home Delivered Energy - Energy sources which are actually delivered to residential dwellings (i.e., coal, fuel oil, kerosene, L.P. gas and wood).

Home Energy - A source of heating or cooling in residential dwellings.

Household - Any individual or group of individuals living together as one economic unit and responsible for their residential home energy.

Household Income - Income refers to total annual cash receipts before taxes from all sources, with the exceptions as noted in the State Plan. Income data for a part of a year may be annualized in order to determine eligibility.

IRS - Means the Internal Revenue Service.

LIHEAP - Created by the Omnibus Budget Reconciliation Act of 1981, as amended (Public Law 97-35); the Low Income Home Energy Assistance Program is designed to provide assistance to eligible low income households for their home energy costs.

Local Contract Agency - Any local public or private nonprofit agency which receives funds for the Low Income Home Energy Assistance Program under contract with the Tennessee Department of Human Services.

Model Forms - Those forms supplied by the Department which are to be used by each contract agency and which may be modified only upon written approval from the Department. However, the minimum data required in such forms may not be changed in any manner.

Owners - Households who own or are purchasing their dwelling units and who are responsible for their home energy costs and are making direct payments to home energy suppliers for energy.

Prioritization - A system used by local contract agencies to ensure that eligible households with the lowest income and highest needs receive priority in assistance.

Poverty Level - Households who are at or below 125% of the current poverty guidelines established by the U. S. Department of Health and Human Services and updated annually.

Renters - Households who are renting their dwellings and who are responsible for paying their home energy costs to energy suppliers or for making payments for actual home energy consumption as an undesignated portion of their rent. Each household may live in a single dwelling unit or multi-family unit. (Tenants in public housing or Section 8 housing are not included in this definition of renters).

Sample Forms - Those forms supplied by the Department which are optional for use by local contract agencies.

Standard Forms - Those required forms supplied by the Department which must be used by local contract agencies and which may not be altered in any manner, except for the placement of the name, address and telephone number of each agency on the forms.

Subgrantee - Any local public or private nonprofit agency, or unit of local Government, which receives funds for the Low Income Home Energy Assistance Program under contract with the Tennessee Department of Human Services.

Tenants - Households who reside in public housing units or subsidized housing, and who are fully or partially responsible for their home energy costs. Tenants who are partially responsible for their energy costs receive public subsidies for a specific amount of energy usage. When actual usage exceeds allotted amounts paid by subsidies, these tenants are then subject to the payment of "overages". Tenants who are fully responsible for their energy costs (Section 8) pay such costs directly to the energy suppliers which bill them. In addition, these tenants are not responsible for the payment of "overages".

Vulnerable Household - A household with the presence of members who are elderly, young children under six years of age or who have a self-declared disability.

Weatherization – Energy conservation measures and minor repairs for households to minimize heat loss and to improve thermal efficiency. Activities include repairs to stop heat loss through infiltration; and installation of a balanced combination of energy saving home improvements, including attic, floor, wall and pipe insulation, window and door screens, Electric water heater insulation or replacement, major appliance replacement and storm windows when absolutely necessary.

DESIGNATIONS OF AGENCY SERVICE AREAS

Description

The nine (9) Community Action Agencies and four (4) local government entities which operate the LIHEAP program in Tennessee have service areas which the appropriate public officials have designated. Likewise, the service areas of the five (5) Human Resource Agencies are defined by the Tennessee General Assembly in the Human Resource Agency Act of 1973. These service areas are recognized by the Department of Human Services when it determines the areas to be served with the LIHEAP and WAP Program by either Community Action Agencies or Human Resource Agencies.

The responsibilities of the subgrantees include outreach activities, application intake, eligibility determination, maintenance of records, processing of appeals, monitoring, and payment of benefits.

Allocation Formula

Individual Agency and County level data are developed using the most current annual data from the Small Area Income and Poverty Estimates (SAIPE) program. The U.S. Census Bureau, with support from other Federal agencies, created the SAIPE program to provide more current estimates of selected income and poverty statistics than the most recent decennial census.

Estimates are created for states, counties, and school districts. The main objective of this program is to provide updated estimates of income and poverty statistics for the administration of federal programs and the allocation of federal funds to local jurisdictions.

The data used in the calculations for the actual FY 2009 allocations is the average of the SAIPE program data for years 2003, 2004, and 2005. The Department uses this "rolling" three-year average instead of updating the allocation formula only after the formal Census every ten years.

**FY 2009 ESTIMATED ALLOCATION
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
(LIHEAP)
JULY 1, 2008 - JUNE 30, 2009**

<div>LIHEAP</div>		
Allocation		\$27,039,216
less: State Admin.	2.00%	(540,784)
10% LIHEAP transfer		(2,649,843)
		\$23,848,589

FY 2009 LIHEAP Program Allocations (Estimate)

Agency	Estimated Allocation
Blount County Community Action Agency	\$362,865
Bradley-Cleveland Community Services Agency	\$341,461
Chattanooga Human Services Department	\$1,163,542
Clarksville-Montgomery County Community Action Agency	\$469,690
Delta Human Resource Agency	\$449,840
Douglas Cherokee Economic Authority	\$1,219,866
East Tennessee Human Resource Agency	\$1,032,076
Highland Rim Economic Corporation	\$310,048
Knoxville-Knox County Community Action Committee	\$1,538,881
Metropolitan Action Commission	\$2,248,919
Mid-Cumberland Community Action Agency	\$1,732,104
Mid-East Community Action Agency	\$340,745
Northwest Tennessee Economic Development Council	\$1,112,688
Shelby County Community Services Agency	\$4,504,480
South Central Human Resource Agency	\$1,570,397
Southeast Tennessee Human Resource Agency	\$797,217
Southwest Human Resource Agency	\$1,123,422
Upper Cumberland Human Resource Agency	\$1,456,363
Upper East Tennessee Human Development Agency	\$2,073,984
Total Estimated Allocation FY 2009	\$23,848,589

		Available for LIHEAP Contracts			\$23,848,589
Agency	County	%		Agency %	Agency \$
Blount County CAA	Blount	1.52%		1.52%	362,865
Bradley-Cleveland CSA	Bradley	1.43%		1.43%	341,461
Chattanooga HSD	Hamilton	4.88%		4.88%	1,163,542
Clarksville-Montgomery County CAA	Montgomery	1.97%		1.97%	469,690
Delta HRA	Fayette	0.50%		1.89%	449,840
	Lauderdale	0.58%			
	Tipton	0.80%			
Douglas Cherokee EA	Cocke	0.83%		5.12%	1,219,866
	Grainger	0.44%			
	Hamblen	1.03%			
	Jefferson	0.80%			
	Monroe	0.78%			
	Sevier	1.23%			
East Tennessee HRA	Anderson	1.19%		4.33%	1,032,076
	Campbell	1.03%			
	Claiborne	0.73%			
	Morgan	0.43%			
	Scott	0.55%			
	Union	0.40%			
Highland Rim EC	Dickson	0.66%		1.30%	310,048
	Houston	0.15%			
	Humphreys	0.28%			
	Stewart	0.21%			
Knoxville-Knox County CAC	Knox	6.45%		6.45%	1,538,881
Metropolitan Action Commission	Davidson	9.43%		9.43%	2,248,919
Mid-Cumberland CAA	Cheatham	0.44%		7.26%	1,732,104
	Robertson	0.71%			
	Rutherford	2.55%			
	Sumner	1.61%			
	Trousdale	0.13%			
	Williamson	0.91%			
	Wilson	0.92%			
Mid-East CAA	Loudon	0.56%		1.43%	340,745
	Roane	0.87%			

Northwest Tennessee EDC	Benton	0.34%		4.67%	1,112,688
	Carroll	0.58%			
	Crockett	0.28%			
	Dyer	0.75%			
	Gibson	0.80%			
	Henry	0.58%			
	Lake	0.19%			
	Obion	0.52%			
	Weakley	0.62%			
Shelby County CSA	Shelby	18.89%		18.89%	4,504,480
South Central HRA	Bedford	0.66%		6.58%	1,570,397
	Coffee	0.88%			
	Franklin	0.61%			
	Giles	0.48%			
	Hickman	0.44%			
	Lawrence	0.71%			
	Lewis	0.22%			
	Lincoln	0.52%			
	Marshall	0.42%			
	Maury	1.10%			
	Moore	0.07%			
	Perry	0.14%			
	Wayne	0.32%			
Southeast Tennessee HRA	Bledsoe	0.27%		3.34%	797,217
	Grundy	0.38%			
	Marion	0.49%			
	McMinn	0.92%			
	Meigs	0.24%			
	Polk	0.28%			
	Rhea	0.55%			
	Sequatchie	0.23%			
Southwest HRA	Chester	0.27%		4.71%	1,123,422
	Decatur	0.24%			
	Hardeman	0.58%			
	Hardin	0.60%			
	Haywood	0.42%			
	Henderson	0.44%			
	McNairy	0.51%			
	Madison	1.64%			

Upper Cumberland HRA	Cannon	0.22%		6.11%	1,456,363
	Clay	0.18%			
	Cumberland	0.90%			
	DeKalb	0.35%			
	Fentress	0.47%			
	Jackson	0.24%			
	Macon	0.41%			
	Overton	0.40%			
	Pickett	0.10%			
	Putnam	1.19%			
	Smith	0.28%			
	Van Buren	0.10%			
	Warren	0.83%			
	White	0.45%			
Upper East Tennessee HDA	Carter	1.18%		8.70%	2,073,984
	Greene	1.21%			
	Hancock	0.23%			
	Hawkins	1.06%			
	Johnson	0.42%			
	Sullivan	2.50%			
	Unicoi	0.29%			
	Washington	1.81%			
	TOTAL	100.00%		100.00%	23,848,589

APPLICATION INTAKE AND PRIORITIZATION PROCESS

General Intake Responsibilities

Local contract agencies must make staff available on a daily basis in each county served to receive applications. Subject to available funding, agencies will be required to make staff available for those applicants who request assistance in completing their applications, and for those applicants who are homebound. This is to be accomplished with the use of an appointment system, and with the understanding that the number of appointments will be limited due to available staff. Any adult (per household) will be allowed to apply for energy assistance through a scheduled appointment with an authorized agency representative; or by mailing or otherwise delivering a completed application to the county and/or central office of a contract agency.

Model Application Form

Each potential client must complete an application. There are no categorically eligible households. The model application form contained in Exhibit A may be used to determine eligibility. Local agencies may also utilize a modified version of the model application form, with approval from the Department, which has additional or rearranged data. This will allow local agencies the option of eliminating some eligibility forms by incorporating the data concerned with the forms into the client application document. Agencies are responsible for printing their applications. Client applications must be printed in duplicate at a minimum. The original application will remain with the agency and a copy will be given to or retained by the applicant. Agencies may choose to use a second copy to coordinate client referrals with the Weatherization Assistance Program. A copy of the agency's current client application must be filed with the Department.

Energy Assistance (Heating and Cooling)

The Energy Assistance program will operate on a year-round basis (state's fiscal year). Agencies must have a system in place to accept applications throughout the year whether or not funding may be available. If the agency has expended all LIHEAP funding, applicants will be placed on a waiting list of pending applications to be used when additional funds may become available. For Energy Assistance, clients may receive a minimum benefit of \$300 and a maximum benefit level of \$600 per year based on the agency's approved program plan. Agencies have the option of crediting the full amount of the benefit at one time to the client's energy account, or they may give the client the option of having the benefit credited in two payments to cover heating and cooling costs.

Agencies will have the option to designate a portion of the Energy Assistance funds to specifically target the frail elderly. Agencies will determine benefit levels for this target population within the same parameters as for other low-income households. Agencies must specify in the program proposal to the State LIHEAP office, what guidelines will be followed for this targeted program component and what level of their funding will be used for this category.

Energy Crisis Assistance

Applications determined eligible to meet the Crisis Assistance definition, as defined by the agency, and which are based on uncontrollable circumstances that have not allowed the payment of energy bills, will receive assistance on a “fast-track” approach to alleviate the crisis situation. The minimum benefit level for Crisis Assistance is \$300 and the maximum benefit level is \$600 per year.

1. Crisis Assistance will be provided to eligible households not later than 48 hours after a household applies or prior to the date and time of the termination or depletion of the primary energy source, if the application is made at least twenty-four (24) hours in advance excluding Saturdays, Sundays, and official agency holidays, whichever occurs first;
2. Crisis Assistance will be provided to eligible households not later than 18 hours after the household applies if the household is in a life-threatening situation (utility service is disconnected or fuel is depleted);
3. Applications will be accepted for the assistance at sites that are geographically accessible to all households in the area to be served; and
4. Individuals who are physically infirm will be provided the means to submit applications without leaving their residence or to travel to the sites at which applications are accepted.
5. Agencies will determine the maximum benefit level for this program component within the same parameters as the Energy Assistance program component.
6. Agencies will determine criteria for service under the Crisis Assistance component based on uncontrollable circumstances which may include a combination of, but not limited to, the following:
 - a) **Household has an unanticipated medical or major household expense.** Out of pocket expense should exceed 50% of current utility bill. Documentation could include: receipts of payments made to meet this unanticipated medical or major household expense.
 - b) **Household wage earner with at least a year of stable work history has lost his/her job within the last twelve (12) months.** Documentation could include: letter from employer, termination or lay-off notice, UI claims, UI notification of eligibility.
 - c) **Household wage earner has left the home within the past forty-five (45) days.** Documentation could include recent application for family assistance (Families First, Food Stamps), order of protection, police report, revised lease, or other legal documentation.
 - d) **Death of wage earner within the last twelve (12) months.** Documentation could include obituary, death certificate, and funeral program.
 - e) **Significant loss of work hours.** Documentation could include a letter from employer outlining details of loss of work hours or pay stubs.

- f) Household wage earner is unable to work due to illness and does not receive sick leave or time away from work.** Documentation could include a statement from employer.
- g) Household has a shut-off notice.**
- h) Household has disconnected utilities.**
- i) Household has a non-functioning or malfunctioning heating system.**

Distribution of Application Forms

In addition to being available at agency intake sites, application forms may be made available to prospective applicants through the mail and at offices of local energy suppliers. Also, senior citizen centers and other appropriate places may be used for distribution purposes.

Income Documentation

Each household which applies for LIHEAP assistance must provide documentation of all income sources for eligibility purposes. Such documentation may include photocopies of appropriate income sources. All documentation will be in accordance with the policies of this State Plan.

Incomplete Applications

Local agencies will make all reasonable and necessary efforts to address incomplete applications. Applicants will be promptly notified of all deficiencies noted in their applications and will be given written notice to correct those deficiencies within a certain timeframe, to be determined by the agency, or the application will be denied. Clear instructions will be provided for all measures that are necessary to complete the applications. A model form to complete this responsibility is contained in Exhibit B.

Documentation of Home Energy Costs

All applicants will be requested to provide copies of actual bills or other acceptable documentation of their home energy costs. The data will be used to calculate each applicant's energy burden.

Acceptable documentation of energy costs will include correspondence from electric and natural gas utility companies, and correspondence or written statements from home delivered energy suppliers. Documentation from two or more energy suppliers will be acceptable for a single applicant household. All documentation must, as a minimum, identify the name of the household member billed for the energy costs; the address of the applicant household; and the time frame for which the energy costs are being provided.

Prioritization Procedures

All approved applications for energy assistance are to be prioritized according to the Priority Points System found in Exhibit C. Prioritization activities are to be conducted on a county by county basis and properly documented. Those applicants with the highest number of points are to receive assistance first.

Other Forms

Each agency will utilize, as appropriate, the additional forms for eligibility determination contained in Exhibit D.

Notification of Application Status

All applicants for regular assistance will be notified of their application status within ninety (90) working days of the date of application for energy assistance, or as otherwise directed by the DHS. Failure to meet the 90-day deadline will result in a finding in the agency's annual monitoring review by Department Staff. If the application is received after the agency has expended all LIHEAP funds, the agency may immediately notify the client that they are being placed on a waiting list due to the lack of funds.

Coordination with the Weatherization Assistance Program (WAP)

A copy of the WAP Fact Sheet, which is contained in Exhibit E, will be attached to each application distributed. Copies of LIHEAP applications from all applicants who wish to apply for the WAP will be made available to the local WAP agency in accordance with the LIHEAP/WAP Client Referral System.

ELIGIBILITY

General Eligibility Requirements

The following general eligibility requirements will be recognized for all components of assistance:

- I. A household's total gross annual income must not exceed 125% of the Federal poverty income guidelines for non-farm families as reflected in Exhibit F. Income eligibility is determined by documenting all household members' total gross income based on their income from the current or previous month at the time of application. Household income is defined as the following:

DEFINITION OF INCOME

Refers to total annual cash receipts before taxes from all sources, with the exceptions noted below. Income data for a part of a year may be annualized in order to determine eligibility.

Sub-grantees should re-certify applicants on a waiting list for service at least annually as their eligibility may have changed due to the length of time that may have expired while awaiting weatherization services.

INCOME INCLUDES:

- money, wages and salaries before any deductions;
- net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses);
- regular payments from social security;
- regular payments from railroad retirement;
- unemployment compensation;
- strike benefits from union funds;
- worker's compensation;
- veteran's payments;
- training stipends;
- alimony;
- child support;
- military family allotments;
- other regular support from an absent family member or someone not living in the household;
- private pensions;
- government employee pensions (including military retirement pay);
- Black Lung benefits except for the first \$20 of each monthly benefit;
- regular insurance or annuity payments;
- college scholarships, grants, fellowships, and assistantships;
- dividends;
- interest;
- net rental income;
- net royalties;
- periodic receipts from estates or trusts; and
- net gambling or lottery winnings

INCOME EXCLUDES:

- capital gains;
- any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car;
- one-time payments from a welfare agency to a family or person who is in temporary financial difficulty;
- tax refunds,
- gifts,
- loans,
- lump-sum inheritances;
- one-time insurance payments or compensation for injury;
- non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits;
- food or housing received in lieu of wages;
- the value of food and fuel produced and consumed on farms;
- the imputed value of rent from owner-occupied non-farm or farm housing;
- Federal non-cash benefit programs as Medicare, Food Stamps, school lunches, and housing assistance;
- earnings of a child under 14 years of age;
- direct payments received by participants in the Foster Grandparents program;
- payments to VISTA volunteers;
- income received under Title V of the Older Americans Act;
- utility allowances provided to public housing and Section 8 tenants; and
- payments for child care services from DHS

Determining Gross Monthly Income

The gross income from the current or previous month in relation to the date of application will be considered the gross monthly income. However, if the individual's employment status or rate of pay changes, the current income must be considered rather than the income of the previous month. When income is received in other than regular monthly amounts, the following methods will be used to convert to monthly income:

1. Hourly income--determine the hourly wage and multiply this amount by the number of hours worked per the individual's work day to determine gross daily pay. Multiply the daily pay by the number of days worked in the individual's work week to obtain weekly pay.
2. Weekly income--multiply the weekly income by 4.33 to determine monthly income.
3. Income paid every two weeks--multiply the amount received each two weeks by 2.16 to determine monthly income.
4. Income received twice per month--add the amounts received to obtain monthly income.
5. Irregular or seasonal income--in these instances, income fluctuates from month to month. It may be necessary to average income over several months, but at least the previous three months' (thirteen weeks) income should be considered. (This policy is applicable when a person works overtime on a regular basis). To allow for a reasonable degree of flexibility in this area, agencies may use documents which identify a year-to-date income amount in lieu of the requirement to secure a minimum of thirteen weeks of documented income. This is with the understanding that the year-to-date income documentation is dated within the current or previous month of the LIHEAP application; includes any other income which is received in excess of thirteen weeks; and is used to average income over a pay period which is then annualized to determine eligibility.
6. Income from farm and nonfarm self employment is usually received on an annual basis.

It is necessary to determine income and expenses in accordance with **(a)** and **(b)** below and convert to a monthly figure:

a) Net Income from NonFarm and Self-Employment

Net income includes gross income minus operating expenses from one's own business, professional enterprise or partnership. Gross income includes the value of all goods sold and services rendered. Operating expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes) and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as a part of the net income. Self-employment income may be verified by a self-declaration statement signed by a client, but must include as a minimum the gross income, operating expenses and net income for the client.

(b) Net Income from Farm Self-Employment

Net income includes gross income minus operating expenses from the operation of a farm by a person who is an owner, renter or sharecropper. Gross income includes the value of all products sold, government crop loans, money received from the rental of farm equipment to others and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include the cost of feed, fertilizer, seed and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not State and Federal income taxes) and similar expenses. The value of fuel, food or other farm products used for household living is not included as a part of net income.

Self-employment income may be verified by a self-declaration statement signed by a client, but must include as a minimum the gross income, operating expenses and net income for the client. If the family or individual has a deficit income due to expenses being greater than the income from farm or nonfarm self-employment, the negative figure rather than zero must be included with other income when determining the family's gross monthly income. Self-employment income which is verified by a self-declaration statement signed by a client must include as a minimum the gross income, operating expenses (allowed by IRS) and net income of the client. Self-employment income differs from seasonal or irregular income in that the latter does not involve operating expenses allowed by the IRS.

7. Regular income obtained during a portion of the year--some people have regular employment during certain months of the year. (Example: school teachers, school cafeteria and maintenance personnel, etc.) This income is to be treated as an annual income.

Income from Unemployment Compensation

Unemployment income must be considered as income which is only received during a portion of the year. Therefore, the number of remaining weeks of eligibility for this income (based on the date of the LIHEAP application) multiplied by the weekly benefit will be the annual income from this source. Applicants who receive unemployment income must be encouraged to present documentation which identifies their weekly benefit and the number of weeks for which they are eligible to receive the income. If the number of eligible weeks cannot be verified by documentation, the weekly benefit level must be annualized for the determination of income eligibility.

As to the uncertainty of how long a person may receive unemployment benefits before securing a job, or how long anyone may remain employed, no policy can be developed. Clearly, such uncertainties are beyond the control of reasonable policy efforts. The intent of the income determination policies is to consider the income circumstances of an applicant at the time of application.

Training Stipends

Funds received to cover living expenses while an individual is in school or in a training program are generally considered as income. This includes college or university scholarships, grants, fellowships, and assistantships which are paid directly to a student. Stipends and scholarships which are paid directly to a school or training facility are not to be considered as income available to a student. Also, any federal student assistance under Revised Section 479B of Title IV of the Higher Education Act or under the Bureau of Indian Affairs Student Assistance Programs is excluded from consideration as income. This includes: Federal Pell Grants, Federal Family Education Loan Program, Federal Supplemental Educational Opportunity Grants, and Tennessee Student Assistance Award.

Workmen's Compensation

If Workmen's Compensation is provided to a client in a lump sum amount, do not count the amount received as income. Only count it as income if it is received in lieu of payroll checks over a period of several weeks or months.

Determining Gross Annual Income

Once the monthly income has been established, multiply by twelve (12) in order to obtain an annualized figure. The 125% OMB Poverty Guidelines in this state plan must be used to determine if the individual or household meets the income eligibility criteria.

Verification of Income

All income for the household or individual, including fixed income, must be verified and documented at the time of eligibility certification and prior to the provision of services. Information concerning the verification of gross annual income must be recorded fully in each client's record. It must include the name and title of the person who gave the verification, the date the verification was made and the amount(s) and source(s) of the income. If the title of the person providing verification does not indicate how the person is in a position to know, an explanation must be given.

Also, each individual income verification document must identify the applicant or a member of the applicant's household by either name or Social Security number. Service cannot be withheld or denied because applicant refused to provide social security number.

Some acceptable sources for the verification of income are as follows:

1. Paycheck stubs (determine the period covered by the check and whether it is representative of usual pay).
2. Copies of court orders or legal documents.
3. Records of county or circuit courts.
4. Award letters and benefits notices, including Notices of Disposition under the Food Stamps Program (when income information is not available from Department microfiche), etc.
5. Written, signed and dated statements of employers, (except W-2 forms).
6. Written, signed and dated statements from a person who regularly cashes a client's check.
7. Copies of income tax returns for self-employed income.
8. Bank or financial institution records.
9. Records maintained by self-employed persons.
10. Verbal statements of employers.
11. Statements of relatives and friends (Acceptable only when other sources of verification are not available).

12. Families First, SSI and Food Stamp verification issued by the Department. Self-employment income may be verified by a self-declaration statement signed by a client; but such a statement must include as a minimum the gross income, operating expenses (allowed by IRS) and net income of the client. Self-employment income differs from seasonal or irregular income in that the latter does not involve operating expenses allowed by the IRS.
13. Copies of Social Security benefit checks which are dated within the same calendar year as the date of application intake provided such photocopies are made by applicants and not by agency staff.
14. Statements signed by applicants which list the date, number, amount, name and address of the payee on government issued checks when photocopies or photocopying equipment are not available.

Child Support Bonus and Supplemental Payments Received by Clients of the Families First (Cash Assistance) Program

A number of Families First clients are receiving child support bonus and/or supplemental payments in addition to their Families First cash assistance. These bonus payments may or may not be reflected on the Families First verification provided to contract agencies.

To preclude the time-consuming confirmation of these relatively, small benefit amounts, the payments are to be considered as a matter of self-declaration for LIHEAP eligibility purposes. Therefore, no written confirmation of these payments, other than their listing on the LIHEAP application form, will be required. Also, since these payments may be listed on the Families First microfiche and/or in the ACCENT system, care should be taken to not count the payments twice when calculating the total amount of income for these clients.

Documentation of Interest Income

Documentation must be secured for only the interest income received by applicants from their banking accounts and not for the amount of funds deposited.

Ineligible Household Types

The following households are ineligible for LIHEAP assistance:

1. SSI recipients living in "congregate" care or "domiciliary" care facilities or foster care placements who receive SSI state supplements which correspond to these living arrangements.

2. Individuals in public or private institutions whose living costs are subsidized by state or local government. Examples of such individuals include, but are not limited to:
 - (a) residents of vocational education facilities whose living costs are subsidized.
 - (b) persons in nursing homes or medical institutions for whom Medicaid pays over 50% of costs.
3. Residents of group living facilities.

Verification of Zero Income

It is necessary to obtain at least one confirmation of a family or an individual having no income. Some sources to verify zero income are: past employers; other agencies working with the family or individual; Food Stamp, or Public Assistance records, Families First and SSI microfiche; or persons in a position to know the circumstances. Statements of relatives and friends should be used only when other sources of verification are not available. All such documentation, when considered as a whole, must be reasonable in clearly indicating how the household is surviving without any cash income. Gifts of cash or in-kind contributions (food, clothing, etc.) are not considered as cash income. However, in documenting an applicant's zero income status, all gifts (cash or goods to meet basic necessities) must be documented with the statement(s) of support and placed in the applicant's file.

Also, when determining eligibility for households which claim zero income, agencies shall not accept statements of support when such statements are signed by members of other households which have been determined eligible for LIHEAP and/or WAP assistance based on zero income.

Utilization of SSI, Families First, and Food Stamp Verification systems for Income Documentation

All contract agencies will utilize current or previous month's Food Stamp, SSI and Families First updated verification systems as sources of income documentation for LIHEAP eligibility determinations when appropriate. If the income indicated on the verification system is the sole source of income for a particular household, the verification may serve as the only income documentation source. However, if other income sources are cited by or found for a particular household, then these sources of income must be properly documented.

Also, in situations where zero income is listed on a Food Stamp verification system for a household, the verification system may be used as a sole source of income verification.

Identification of Energy Suppliers

All client applications must show the name(s) of energy supplier(s), if known, regardless of the energy source(s). A public housing authority will be the energy supplier for a tenant when the utility account for the tenant is in the name of the public housing authority.

Client Folders

Client folders must contain the following, at a minimum:

1. Client Application;
2. Documentation regarding the client's authorization for the release of information and certification of prior assistance;
3. Documentation of income;
4. Notification of Status Form; and
5. Documentation of income computation when income is not received in regular monthly amounts.

In addition to the above required data, the following forms may also be needed depending upon client circumstances:

1. Medical Statement;
2. Landlord Statement;
3. Delivery Ticket(s);
4. Voucher Letter(s); and
5. Fair Hearing Request.

Additional Documentation

Local contract agencies must also provide the following documentation in client files, when appropriate:

1. If a second party signs a client application or other required forms for a particular client, agencies must clearly document answers to the following questions:
 - (a) Who is the second party in relation to the applicant?
 - (b) What circumstances required the second party to complete and/or sign the application and/or other pertinent forms for the applicant?
2. When a client receives income in other than regular monthly amounts, agencies will be required to have documentation in the client's file which indicates how the income was computed on either a monthly or annual basis.
3. Applicants are not required to provide written documentation (verification) of their disability status. The issue of disability status for any LIHEAP applicant is solely a matter of self-declaration based on the definition of a "Disability" contained in the state plan. As a result, intake and certification workers are not placed in the position of rendering medical opinions concerning the physical or mental condition of LIHEAP applicants. If an applicant claims "Disability" status they will have the option to identify if they are the recipient of public assistance due to the disabling condition; to identify if they have a medical equipment need that requires electricity; and to name the disabling condition.
4. Agencies will maintain the confidentiality of all persons who apply for assistance. Applicant information may be shared professionally only with the written authorization of the client. All agencies are reminded to review HIPAA compliance policies with all staff.

Documentation for "Fixed" Income Sources

Documentation for "fixed" income sources (i.e., Social Security grants, government and private pensions, and Section 8 rent subsidies) which is up to twelve months old will be allowed for client application purposes unless a cost of living adjustment has been made.

Client Referral System

Local contract agencies will be required to refer LIHEAP applicants to the Weatherization Assistance Program (WAP) if they indicate an interest in and willingness to apply for WAP assistance. Administrative procedures concerning the client referral system are outlined in the "Client Referral System Section" of this State Plan.

Receipt of Applications

Local contract agencies are to ensure that applicants are provided the opportunity to submit an application at the time of their request and that all applications received are reviewed in a timely manner. If all funds are currently exhausted, applicants are to be advised that their application will be kept on file through June 30 of each year.

Disconnected Utilities

Assistance to applicants with disconnected utilities resulting from past due bills is prohibited, unless the LIHEAP assistance in combination with other resource(s) will provide for the reconnection of the utility services.

All LIHEAP assistance provided to applicants under such circumstances must be based on clear documentation which verifies that the energy suppliers involved will reconnect the utility services when the LIHEAP assistance is received.

Changes in Client Applications

If a client moves from the residence on their application prior to the payment of an energy benefit, the client must update their application. If the new address is within the same County of residence and with the same energy company, the agency may continue to process their current application with their current status on the prioritized list of applications. If the client moves outside the County of residence at the time of their initial application, whether or not they are still within the same agency's service area, the client must update their application and the agency has the discretion to re-prioritize the application for that County.

Mass Metered Utilities

Households will be not eligible for participation in the LIHEAP if their energy consumption is determined by a mass meter.

Applications with the Applicants' Marks

When such applications are received, they are to be returned to the applicants with an explanatory letter and a blank application form. The letter should advise each applicant to complete another application using the blank form, and have his/her mark witnessed with the legible signature of another person on the form.

In addition, the letter should indicate that the address and telephone number of the witness must be provided on the application form next to his/her signature.

Those applications which are not returned in accordance with this policy and each agency's timetable for application intake must be denied assistance under the program.

ADDITIONAL MODEL FORMS FOR CLIENT NOTIFICATION AND ELIGIBILITY DETERMINATION

General

The following model forms which are contained in Exhibit D may be used for client notification and eligibility determination purposes:

1. Notification of Denial (two "optional" forms are included);
2. Notification of Approval;
3. Statement from Establishments which Regularly Cash Checks for Applicants;
4. SSA Verification Form;
5. Request for Additional Documentation;
6. Medical Statement;
7. Statement of Support;
8. Income Verification Form; and

The above forms may be changed with Department approval to meet the individual needs of each agency. However, the minimum data listed in the model forms must be included in all forms changed by local agencies. In addition, medical and support statements which are not on the model forms and which are brought to application intake sites will be acceptable if the statements provided are clear and meet the documentation requirements of the state plan.

COMPONENT ALLOCATIONS

Allocations for Energy Assistance

Agencies will develop their program budgets and amendments to meet the needs of their communities within the following parameters

<u>Component</u>	<u>Funding Level</u>
Administration	8% Maximum
Energy Assistance	87% Minimum
Outreach	5% Maximum

Weatherization Assistance Component

Under State law and in compliance with HHS regulations, 10 - 15% of the LIHEAP funds received by the Department will be utilized to provide residential weatherization assistance services. For FY 2009, the State will transfer 10% of the LIHEAP funding to the Department's Weatherization Assistance Program (WAP).

Disposition of Unexpended Funds

If any local agency does not expend its allocation under any component, the funds may be transferred to an appropriate component for assistance purposes, upon approval of their agency Board of Directors and notification to the State Energy Assistance program office.

Any funds remaining in an agency's contract at the end of the fiscal year will be recouped by the Department, and applied, in a method to be determined by the Department, for client benefits in a subsequent fiscal year.

TYPES AND LEVELS OF ASSISTANCE

Types of Assistance

Energy assistance (heating or cooling) will be provided as a credit to a utility account or as a payment to an energy supplier for a fuel delivery. Direct client payments are also allowed under certain circumstances. These circumstances are specified in the payment procedure portion of this State Plan.

Assistance may also be provided through the purchase of an air conditioner or fan, or payment on an electric account, or combination of these services subject to each client's benefit level and choice. Air conditioners and fans will be available for assistance subject to the following policy:

1. Air conditioners and fans will be provided to eligible households that have not received them during the previous five years;
2. Eligible households that are prohibited from receiving an air conditioner or fan will receive a benefit payment for their electric accounts; and
3. All households that receive an air conditioner must sign a certification statement that restricts the use of the air conditioner, including its return if no longer used by the household. A sample certification statement is contained in Exhibit D.

Public housing tenants will be eligible to receive full benefits under the program if needed. For example, if an eligible tenant with a benefit level of \$225 requests and is eligible to receive an air conditioner that costs \$210, the balance of \$15 may be paid on the tenant's electric account. This is providing that an electric utility overage of \$15 or more exists for the tenant or the tenant is fully responsible for his/her energy bills. The provision of utility payments for clients who are subject to the payment of "overages" is subject to the policy outlined below.

Clients are to be generally given the opportunity to select the vendor where an air conditioner or fan is to be purchased. However, agencies are authorized to purchase air conditioners or fans from vendors not selected by customers if they are available at a lower price.

If a client cannot install an air conditioner and no other means for the installation is available through a local contract agency, a portion of the benefit level may be utilized for the payment of an installation charge by the vendor.

Full benefit levels for all clients must be achieved. For example, if an air conditioner is purchased at a price of \$210 for a customer with a benefit level of \$350, the balance of \$140 is to be utilized to purchase a fan and/or make a payment to the customer's electric account.

Maximum Benefit Levels for Households Fully Responsible for Energy Bills

The maximum amount of assistance a household may receive through the LIHEAP program during the current contract period is \$600. This is providing that the household is fully responsible for the payment of its energy bills. Clients are eligible for one time assistance through the Energy Assistance (Heating or Cooling) program component or one time assistance through the Crisis Assistance program component. Local agencies may provide the client the option of splitting the payment between two seasons of the year. Agencies will determine the range of levels for benefits to be used by their agency not to exceed the minimum and maximum levels set for the state LIHEAP program. Benefit levels should be consistent among all of the counties within the agency's service area. Benefits may be credited in one or two payments during the contract period.

Benefit Levels for Households Only Subject to the Payment of "Overages"

Households which are only subject to the payment of "overages" for their energy costs will receive benefits that are equal to the amounts of their monthly "overages", but are not greater than the maximum benefit levels allowed for energy assistance in this State Plan. For example, a household which has documentation of a \$50 "overage" for the current or previous month based on the date of application, and which has a maximum allowable benefit level of \$200 for assistance is eligible to receive a benefit level of \$50.

"Overages" that are eligible for LIHEAP assistance must be based on documentation secured from public housing authorities. In addition, the documentation must be dated for the current or previous month in relation to the date of application.

Energy Assistance Applications from Public Housing Tenants with "Overage" Amounts of Less than \$1.00

Applications which identify "overages" of less than \$1.00 may be denied. When such action is taken, applicants are to be informed that they may apply for Crisis assistance beginning January 1, 2009, when their "overage" amounts may be considerably higher.

Also, as a prudent measure, agencies are to counsel those housing tenants who request assistance for "overages" that are relatively small (i.e., \$10.00 or less). It may be in their best interests to apply for Crisis assistance.

Payment of Deposits for the Establishment of Utility Service

No LIHEAP funds will be used for the payment of deposits to establish utility service.

FUND TRANSFERS

Funds Transfers Between Counties

Local contract agencies must adhere to the county allocations recognized by the State Plan. Fund transfers from one county to another within a local contract agency must receive the approval of the Department in advance. In addition, all requests to make county fund transfers must be based on agency board approval.

Fund Transfers Between Components

Fund transfers from one component to another must receive prior approval from the Department. Such transfers may occur if unused funds remain after application deadline dates have passed or specific needs are identified and documented. All requests to make fund transfers between components must be based on written requests from agency executive directors or board chairpersons.

CLIENT PAYMENT SYSTEMS

Payment Options

All client payments will be made by local contract agencies. Also, agencies will have the option of selecting from the payment systems listed below:

Voucher System
Two-Party Checks
Single-Party Checks

Agencies will be required to specify in their funding application narratives the types of payment which will be utilized to provide benefits. In addition, copies of proposed vouchers and benefit checks must be submitted for Department approval prior to their utilization.

The policies and procedures which will govern the three (3) payment options are included on pages 36-42.

Benefit Check/Voucher Agreement

Vouchers and benefit checks will only be issued by local agencies to those energy suppliers who have signed a Benefit Check/Voucher Agreement. Clients who are served by energy suppliers which have not signed Benefit Check/Voucher Agreements will receive direct payments. The standard Benefit Check/Voucher Agreement is contained in Exhibit G.

Issuance of Benefit Checks and Vouchers Through the U.S. Postal Service

All benefit checks and vouchers will be issued through the U.S. Postal Service by local agencies, unless deliveries by agency staff are warranted. Also, the checks will be mailed with envelopes instructing postal authorities to not forward the checks to any new addresses.

Special Payment Procedures

Local contract agencies may pay any vendor directly for the purchase of an air conditioner or fan. Also, two-party checks payable to the customer and the vendor for the purchase of these items may be issued. No direct client payments are to be made unless written authorization is provided by the DHS.

Payment Option No. 1 - Voucher System

General

The voucher system of payment may be utilized to provide all client benefits

Model Vouchers

The model vouchers contained in Exhibits H and I may be used by local contract agencies to provide assistance. Agencies may also revise the model vouchers to include additional data or to rearrange current data for local agency needs subject to Department approval.

Issuance of Vouchers

The personnel of each local agency will complete the vouchers approved by the Department and ensure that all relevant data, including the original signature of the authorized agency representative, is contained.

Each local agency may forward their vouchers to either the clients or the energy suppliers identified by the clients. However, before distribution each agency will retain the "agency copy" of the voucher. Also, agencies may utilize a batching system to forward one voucher for several clients to an energy supplier. If a voucher is sent to the energy supplier, the "original" and "energy supplier copy" must be sent to the energy supplier. It will be the responsibility of the local agency to forward to each client the voucher marked "client copy", except when batching is utilized. The "client copy" may also be forwarded with the application approval letter.

If the "original" voucher is sent to a client, it will be the responsibility of the client to give the energy supplier the "original" and the copy of the voucher marked "energy supplier copy". The client should retain the copy marked "client copy".

Voucher Payments

Electric or natural gas utilities and public housing authorities which have signed the Benefit Check/Voucher Agreements will return the "original" vouchers to local contract agencies for payment. Such payments will be processed and forwarded to these energy suppliers if the vouchers returned include the authorized signatures of the energy suppliers certifying that accounts have been or will be credited subject to the benefit levels identified.

Home delivered energy suppliers will return the "original" vouchers, with delivery tickets signed by clients, to local contract agencies for payment. Such payments will be processed and forwarded to the energy suppliers if the vouchers returned include the authorized signatures of the energy suppliers certifying that fuel deliveries will be made subject to the benefit levels identified.

In addition, delivery tickets signed by clients or other household members will be required and these signatures will be checked against client signatures contained on applications and against the names of the household members listed on application documents before payments may be processed and forwarded to the energy suppliers.

Delivery Tickets (Home Delivered Energy Only)

Local contract agencies will have the option of using the "sample" delivery ticket supplied by the Department (See Exhibit J); designing their own delivery ticket; or utilizing the standard delivery ticket employed by the home energy suppliers. In any case, the delivery tickets used must state the type, price, amount, total bill and date of fuel delivery; and include each client's signature or the signature of another household member.

Partial Payments

Local contract agencies may make payments to home delivered energy suppliers when partial deliveries are made subject to the benefit levels identified on vouchers. After the initial payment, all other partial payments will be based on delivery tickets submitted by the energy suppliers.

Void Date of Home Delivered Energy Vouchers

Vouchers used for home delivered energy will include a void date of May 15, 2008. Also, payments will not be made by local contract agencies for home delivered energy bills presented for payment after May 31, 2008.

Direct Client Payments

Local contract agencies are authorized to make direct client payments when:

1. Electric and natural gas utilities and public housing authorities have not signed the Benefit Check/Voucher Agreement.
2. Full benefit levels are not obtained with home delivered energy vouchers that are issued. Direct payments are authorized for the balance of the full benefit level remaining for each client affected. However, direct payments do not have to be issued for balances of \$10.00 or less.

3. Home delivered energy suppliers refuse to accept vouchers issued or cannot deliver the fuel authorized within four (4) weeks for heating assistance or within the time periods established for Expedited Service. An exception will be allowed for fuel which is stored in tanks provided that an initial partial delivery can be made within the established time periods.

However, in regard to heating assistance, a direct client payment will not be required if a partial delivery cannot be made within the four (4) week period as a result of the following documented reasons:

- (a) A client's fuel tank is completely full when a partial delivery is attempted;
or
 - (b) A client's fuel tank will not hold the minimum amount of fuel which an energy supplier will deliver.
4. A client received a fuel delivery on or after July 1, 2008; and the client indicates that no additional fuel will be needed for the heating season.
 5. An electric or natural gas account is in the name of a landlord rather than in the name of the client/renter. (Public housing tenants are exempt from this policy).

Voucher Alterations/Corrections

Each voucher will contain a statement to indicate that if it is altered or corrected in any manner it is automatically void.

Procedures to Replace Lost Vouchers

The following procedures will be used in the event vouchers for the LIHEAP are lost:

1. A notarized statement must be signed by each client. This statement must identify the number of the voucher that has been lost, and must include a statement the voucher will not be used if it is received by the client.
2. Agencies must ensure that internal controls will prevent payments on any vouchers lost.
3. Local agencies will then issue a second voucher and document in appropriate financial records that the second voucher has been issued for replacement purposes.

Public Housing Authorities as Energy Suppliers

Public housing authorities will be considered the energy suppliers for tenants who are partially responsible for their energy usage and who are subject to the payment of "overages".

Payment Option No. 2 - Single-Party Check System

General

The single-party check system may be utilized to provide all client benefits with the exception of home delivered energy assistance. Also, if this type of payment is used to provide emergency heating assistance, agencies must ensure that the benefits are received by clients within the specified time periods.

Issuance of Single-Party Checks (Payable to Energy Suppliers)

Single-party checks may be mailed to those electric and natural gas utilities, and public housing authorities which have signed Benefit Check/Voucher Agreements. These checks will be made payable to the energy suppliers and will include the names and account numbers of the clients involved. In addition, agencies may issue a single-party check for two (2) or more clients to a single energy supplier. This may occur if documentation regarding the names and account numbers of the clients is included with the check, and the energy supplier agrees with this procedure.

Issuance of Single-Party Checks (Payable to Clients)

Single-party checks may be mailed to clients when their electric and natural gas utilities, and public housing authorities have not signed the standard Benefit Check/Voucher Agreement. Also, when an electric or natural gas account is in the name of the landlord, a single-party check will be mailed to the client/renter, unless the client is a public housing tenant and the housing authority participates in the program.

Payment Option No. 3 - Two-Party Check System

General

The two-party check system may be utilized to provide all client benefits with the exception of home delivered energy and emergency assistance.

Issuance of Two-Party Checks

Local agencies may use two-party checks to provide heating assistance when electric and natural gas utilities, and public housing authorities are the energy suppliers, and have signed the Benefit Check/Voucher Agreement. These two-party checks will be payable to each client and his/her energy supplier.

If the Benefit Check/Voucher Agreement is not signed by a particular utility or public housing authority, the payments to the clients served by the utility will be made with single-party checks.

Also, when an electric or natural gas account is in the name of the landlord, a single-party check will be issued to the client/renter, unless the client is a public housing tenant and the housing authority participates in the program.

All checks will be mailed by local agencies to clients. The clients will be responsible for delivering or forwarding the checks to their appropriate energy suppliers.

Returned Benefit Checks

When single-party checks are returned to local agencies due to changes in client addresses, the following procedures will be followed:

1. If a benefit check is returned due to a change in a client's address, and the client is no longer served by the energy supplier identified on the check, the local agency shall serve the client if he/she remains in the area served by the agency's LIHEAP. Under such circumstances, each agency will be required to update the client's benefit level. However, if the client is no longer responsible for his/her energy usage due to a change in address, the client will be ineligible.
2. If a benefit check is returned due to a change in a client's address, and the client no longer resides in the area served by the agency's LIHEAP, the agency will cancel the client's benefit check. The client must then reapply for assistance with the agency that serves his/her new address.
3. If a benefit check is returned due to a client being deceased, the check will be canceled. The only exception to this policy is when a spouse or other survivor remains in a deceased client's household.

Public Housing Authorities as Energy Suppliers

Public housing authorities will be considered the energy suppliers for tenants who are partially responsible for their energy usage and who are subject to the payment of "overages".

Credit Balances

When LIHEAP credit balances remain with utility companies and public housing authorities for clients who have moved and not left forwarding addresses, the credit balances will be returned by the energy suppliers to the local agencies after a waiting period of 90 days.

Procedures to Replace Lost Benefit Checks

The following procedures will be used in the event benefit checks for the LIHEAP are lost:

1. A notarized statement must be signed by the client. This statement must identify the number of the check that has been lost, and must include a statement that the check will not be used if it is received by the client.
2. Agencies must ensure that internal controls will prevent payments on any check lost.
3. Local agencies will then issue a second check and indicate in each client's folder and in appropriate financial records that the second check has been issued for replacement purposes.

RENTERS AND OWNERS

General

Renters and owners will be treated equitably in application intake, and eligibility determination. Additionally, those funds transferred to the Weatherization Assistance Program (WAP) provide for the equitable treatment of renters and owners. The eligibility of all households for WAP assistance is determined by the level or sources of income of the occupants rather than by the ownership of the dwelling unit. Therefore, income eligible applicants who rent their homes, as well as those who own their homes, are equally eligible for WAP assistance.

ELIGIBLE PUBLIC HOUSING TENANTS

General Eligibility

Those tenants residing in housing programs listed below are potentially eligible for LIHEAP assistance:

1. Section 221 (d)(3) of the National Act of 1968 (12 U.S.C. 1715-1);
2. Section 236 of the National Housing Act of 1969 (12 U.S.C. 1715-1);
3. Section 202 of the Housing Act of 1956 (12 U.S.C. 1708);
4. Low rental housing established by the U. S. Housing Act of 1937 (42 U.S.C. 1437);
5. Section 515 of the Housing Act of 1949 (45 U.S.C. 1485); and
6. Section 8 housing.

OUTREACH AND PERFORMANCE GOAL/MEASURES

Performance Goal/Measures

The DHS is interested in accessing the success of Tennessee's LIHEAP program in meeting the purposes of the program as defined by federal law.

To review the success of the LIHEAP program in meeting its federal mandate, the following Performance Goal and Measures will be utilized:

1. Performance Goal:

To target energy assistance to low income households with the highest energy needs, taking into account both energy burden and vulnerable household members (i.e., elderly, disabled and young children).

Measures:

1. Number of vulnerable households served by program component;
2. Percent of households served by program component that contain at least one vulnerable member; and
3. Number of households served by the following ranges of energy burden:
 - (a) 3% or less;
 - (b) 4% - 7%;
 - (c) 8% - 11%; and
 - (d) 12% or higher.

Priority Groups Targeted for Outreach

Outreach activities will be conducted in order to reach low income households, particularly those below 125% of poverty. In particular, special emphasis will be placed on outreach efforts for those low income households with members who are elderly, disabled, or under six years of age.

Outreach Responsibilities of Local Contract Agencies

Effective outreach means that the most vulnerable households, as prioritized by the state, are made aware of the LIHEAP program. Agencies may use a portion of their grant funds (to a maximum of 5%) to give priority to outreach efforts. Agencies are required to conduct at least one outreach activity per quarter. Outreach activities may include, but are not limited to, the following:

- Provide intake service through home visits or by telephone for elderly or disabled persons
- Place posters / flyers in local and county social services offices, office of aging, Social Security offices, VA offices, etc.
- Place posters / flyers in medical offices, senior citizens programs, etc.
- Place posters / flyers in malls, Y's, and other places that have walking programs and other programs for seniors
- Publish articles in local newspapers or broadcast media announcements
- Billboards, metro buses, bus benches, other public transportation programs, etc.
- Include inserts in energy vendor billings
- Mass mailings to past recipients of LIHEAP
- Inform applicants of other low-income programs of the availability of LIHEAP
- Utilize early application period at the beginning of the program for elderly and disabled persons only prior to the general public
- Accept applications for energy crisis assistance at sites multiple locations
- Execute interagency agreements with other low-income program offices to perform outreach to target groups
- Toll-free phone line for information
- Special assistance such as translation and bilingual brochures to non-English speaking households
- Mailings to recipients of other social service programs such as food stamps, Families First, etc.
- Pre-authorize certain households (categorical eligibility)
- Post application on-line for mail-in applicants
- Place copies of applications and program fact sheets in public libraries and senior centers
- Public speaking appearances by program staff to local community groups
- Provide agency contact information to local resource agencies and directories
- Include insert or information for church bulletins and faith-based newsletters
- Allow prior year SSI recipients to update their information by phone or email
- Agency staff participates in local community resource fairs

Outreach Responsibilities of the Department

1. Provide the general public with information on the program through media outlets releases at least quarterly; and
2. Provide the general public with information on the program on the Department's web page as well as telephone and electronic means of communication; and
3. Provide technical assistance to local contract agencies

WEATHERIZATION ASSISTANCE COMPONENT

General

Under State law and in accordance with current Federal regulations, ten to fifteen percent (10-15%) of the LIHEAP allocation received by the State will be used to provide residential weatherization services to eligible low income households. For FY 2009, 10% of the State's LIHEAP allocation will be transferred to the Weatherization Assistance Program (WAP).

Subgrantees

Funds available under the LIHEAP Weatherization Assistance Component will be allocated to the local contract agencies for the Weatherization Assistance Program (WAP). In addition, these funds will be allocated and budgeted separately from the U. S. Department of Energy (DOE) funds in the WAP contracts. Local agency allocations for the funding will be determined by the same method utilized to allocate LIHEAP funds for energy assistance (i.e., percent of poor in each county based on updated Census Bureau data averaged over the most recent three year period that data is available).

The allocation levels for local contract agencies under the LIHEAP Weatherization Assistance Component are identified in the allocation section of this State plan.

Administrative Costs

The local contract agencies for the LIHEAP Weatherization Assistance Component will be allowed to budget up to 8% of their formula allocations for administrative costs, as defined in this State Plan. The Department will not reimburse any local contract agency for more than 8% of its total actual expenditures for administration over the course of the contract period.

Allowance for Non-Administrative Outreach Costs

In addition to administrative and benefit costs, agencies may also budget non-administrative outreach costs up to 5% of their allocation levels. However, the Department will not reimburse any local contract agency for more than 5% of its total actual expenditures for non-administrative outreach activities over the course of the contract period. Non-administrative outreach costs may only concern services that encourage and enable households to reduce their home energy needs, including needs assessments, counseling and assistance with energy vendors.

Any local agency which utilizes DOE funds for client education costs will not be allowed to budget non-administrative outreach costs under the LIHEAP Weatherization Assistance Component. Agencies which budget funds for this purpose will be required to specify the activities to be performed in their contract program narratives.

Coordination with the WAP and Expenditure Limit for Labor and Materials

The LIHEAP Weatherization Assistance Component will coordinate with U.S. Department of Energy funds to provide additional weatherization services to LIHEAP eligible households that have applied for WAP assistance.

Client Application Procedures

Applications received for WAP assistance will be used to determine eligibility for and provide assistance under the LIHEAP Weatherization Assistance Component. These applications will be accepted by local contract agencies throughout the year. Also, services under the LIHEAP Weatherization Assistance Component will be provided subject to the prioritization procedures for the WAP to ensure that LIHEAP and DOE funds are coordinated to the maximum extend possible.

Bidding Procedures

The bidding procedures established for the WAP will also be utilized for the LIHEAP Weatherization Assistance Component. As a result, bids are to address the weatherization work to be completed with both DOE and LIHEAP funds. For example, if an individual bid for a single household is being received, the bid is to be awarded to the lowest qualified bidder based on the total DOE and LIHEAP funds available and the survey recommendations. See additional procedures for the bidding process in Exhibit Q.

Provision of Weatherization Services

For purposes of providing assistance under the LIHEAP Weatherization Assistance Component, local contract agencies will utilize the energy survey and inspection procedures; methods for performing weatherization work; material and installation standards; Priority Measures; and monitoring procedures which are approved by the DOE and contained in the Department's WAP State Plan and policy memoranda. Also, as a foundation for providing services under the LIHEAP Weatherization Assistance Component, each agency must only address those measures that are identified in the energy survey for each household served.

Annual Reporting Responsibilities

Local contract agencies for the LIHEAP Weatherization Assistance Component will use the standard reporting form contained in Exhibit K to report on the number and type of households served during the State's fiscal year ending each June 30.

Information required of local agencies to report to the Department is as follows:

1. Dwellings weatherized;
2. Households served by income levels and type of assistance; and
3. Elderly and handicapped households served by types of assistance.

The deadline date for the Department's receipt of annual reports from local contract agencies is July 31, 2009. The reports received will be utilized to complete the required annual report to the U.S. Department of Health and Human Services. Agencies will be monitored on their ability to submit reports by the required program due dates.

Procedures for Households to be served with Both WAP and LIHEAP Funds

1. Priority in assistance for the LIHEAP Weatherization Assistance Component is to be provided according to the WAP Priority Points System.
2. The LIHEAP Weatherization Assistance Component funds are to expand the assistance to be provided with DOE funds. Therefore, the WAP client application completed for a household may be used to establish eligibility for the LIHEAP assistance, if the application was approved based on income eligibility. If the WAP application was approved based on categorical eligibility (i.e., household contained a member who is a Families First cash assistance or SSI recipient), a new WAP application must be completed with income information and must be signed by the client. Regardless of the documentation used, only those households which have incomes not exceeding 125% of the Federal Poverty Income Guidelines are eligible for LIHEAP assistance.
3. The DOE and LIHEAP Weatherization Assistance Component services are to be considered as the same work for bidding and contract award purposes. For example, if the lowest qualified bid for a dwelling unit is \$2,500, execute one contract, including one Attachment A for the work. This single contract is to address the expenditures to be made with both DOE and LIHEAP Weatherization Assistance Component funds.

Please note that the bid for work under both funding sources will require a separation of labor and material costs. This is needed for the bidding procedure to function properly with execution of the revised Attachment A to the WAP standard contract form. The revision of the Attachment A is further discussed below.

4. The WAP standard contract form will be used to award work with both DOE and LIHEAP Weatherization Assistance Component funds. Agencies will have the discretion to establish the method by which the total cost of each household's services are charged to DOE and LIHEAP Weatherization Assistance Component funds. For example, agencies may establish a ratio by which the costs are allocated to each funding source. The ratio could reflect the allocation of DOE versus LIHEAP Weatherization Assistance Component funds received. If an agency received allocations of \$100,000 and \$50,000 for the DOE/WAP and the LIHEAP Weatherization Assistance Component, respectively, a ratio of two-thirds (2/3) DOE/WAP and one-third (1/3) LIHEAP would be used in assigning the costs for each household served.

The Attachment A to the standard DOE/WAP contract provides for the separation of the costs of weatherization measures to each funding source. Also, regardless of the method employed, agencies should expend all LIHEAP Weatherization Assistance Component funds before DOE funds are exhausted.

5. To allow for the reimbursement of both LIHEAP and DOE costs, the "WAP Data Sheet", as contained in Exhibit K, is to be completed and submitted with the WAP reimbursement claim for each claiming period and submitted to the Fiscal Services. The LIHEAP/WAP report of units should be completed and mailed to fiscal services.

If a household was previously determined eligible for WAP assistance based on categorical eligibility (i.e., contained a household member who received Families First cash assistance or SSI assistance), a new client application form must be completed and signed by the household to determine income eligibility for LIHEAP assistance. The new application is to be used, in combination with the "Supplemental Reimbursement Form", to report costs for both LIHEAP and WAP expenditures.

6. For documentation purposes, separate client files will not be required for the households served with LIHEAP weatherization funds. The client files maintained for the WAP may address the assistance provided under the LIHEAP Weatherization Assistance Component. This is with the understanding that documentation, including income information, is contained in the files to establish each household's eligibility for LIHEAP, as well as WAP assistance.

Procedures for Households Served with only LIHEAP Weatherization Funds

Agencies are to contact the DHS State Office for additional guidance, if LIHEAP Weatherization Assistance Component funds remain unexpended after WAP funds are totally exhausted.

LIHEAP/WAP CLIENT REFERRAL SYSTEM

General

In accordance with legislation enacted by the Tennessee General Assembly in May 1984, applicants of the State's FY 2009 LIHEAP will be afforded priority in the FY 2009 Weatherization Assistance Program (WAP) in the following ways:

1. Award of five (5) points by the WAP Priority Point System; and
2. Implementation of a Client Referral System between the LIHEAP and the WAP.

Implementation

Responsibilities of LIHEAP Agencies:

1. Application intake workers will briefly describe the services available under the WAP and inquire if LIHEAP applicants are interested in the WAP and desire to be referred to it. In addition, intake workers will provide interested LIHEAP applicants with a fact sheet which briefly describes the WAP services to which they are being referred (See Exhibit E).
2. Those LIHEAP applicants who indicate an interest in the WAP and request to be referred will be listed on a separate log.
3. The log of LIHEAP applicants to be referred to the WAP will be delivered to and maintained by the central office staff of each LIHEAP agency.
4. Photocopies of the applications listed on the above log will be made and forwarded to each appropriate WAP agency by the 30th of the month for the preceding month in which the LIHEAP applications are received.

PLANNING AND ADMINISTRATION

Allocation Level

The Department will allow local agencies up to eight percent (8%) of their LIHEAP formula allocation levels for administration and will retain two percent (2%) of the State's LIHEAP allotment for administration. The Department will not reimburse any local agency for more than eight percent (8%) of its total actual expenditures for administration over the course of the contract period.

Definition of Administrative Costs

Administrative costs in the LIHEAP are defined as those costs which are associated with application intake; determination of eligibility and benefit levels; notification of approval and denial of benefits; payment of benefits; monitoring and reporting of benefits provided; and record-keeping functions.

Allowance for Non-Administrative Outreach Costs

In addition to administrative and benefit costs for energy assistance, agencies may also budget non-administrative outreach costs up to 5% of their allocation levels. However, the Department will not reimburse any local contract agency for more than 5% of its total actual expenditures for non-administrative outreach activities over the course of the contract period. Non-administrative outreach costs may only concern services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling and assistance with energy vendors. Agencies which budget funds for this purpose will be required to specify the activities to be performed in their contract program narratives.

Contract Process

Each local agency will be required to submit a program narrative, summary of work program, and a budget, which have been approved by the agency's board of directors to the Department for approval prior to a contract being processed. The Department must also approve any amendments to the work program, budget, or narrative, which may be submitted by each agency during the contract period.

Restrictions and Reporting Requirements concerning Lobbying Activities

All local agencies will be required to observe the restrictions and reporting requirements concerning lobbying activities which are mandated by the Congress and which are included in the LIHEAP contract between the Department and each agency.

Monthly Reporting

Agencies will be required to report on client services and contract expenditures to the Department's LIHEAP office on monthly basis information in the format as outlined by the Department.

Additional Reporting

Agencies will be required to submit additional reports to the Department as may be requested from time to time to fulfill any requests made to the Department by other state and federal agencies and persons.

Drug-Free Workplace

Each local agency will be required to maintain a drug-free workplace and inform its employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace. In addition, each agency will specify the actions that will be taken against employees for violation of this policy.

FISCAL CONTROL AND ACCOUNTABILITY

General

Generally accepted accounting principles will be adhered to in preparation of reports. Each contract agency receiving funds under the program must be audited according to their contract.

Fiscal Control Procedures

The Department will use the following procedures to ensure fiscal control of funds:

1. Review all proposed budgets to assure that all proposed expenditures are allowable in accordance with applicable State and Federal requirements;
2. Review on a monthly basis all expenditures made by the agencies, in both client services and administrative categories, as reflected on the specified financial reporting form;
3. Make periodic on-site monitoring visits to the agencies to review fiscal procedures;
4. Provide technical assistance and training to agency personnel as needed;
5. Review agency audits to assure that required principles and guidelines were adhered to in administering the program; and
6. Require that contract agencies adhere to the Accounting Manual for Recipients of Grant Funds in Tennessee, published by the State of Tennessee, Comptroller of the Treasury, (available at <http://comptroller.state.tn.us/ma/nonprofit/nonprofit1.pdf>) and the DHS Fiscal Policies and Procedures for Third Party Agencies or Other Contractors, as amended.

Fiscal Records

Local contract agencies are required to maintain fiscal and program records, books, papers and other evidence to support accounting and personnel procedures and practices which sufficiently reflect all direct and indirect costs expended in their operation of the LIHEAP. Such records shall be maintained until an audit has been performed and all questions related thereto have been resolved or for a minimum of three (3) years. These records shall be maintained in accordance with generally accepted accounting principles at no less than those recommended in the Accounting Manual for Recipients of Grant Funds in Tennessee, published by the Comptroller of the Treasury, State of Tennessee.

Such records shall be maintained in accessible form and shall be subject to monitoring, inspection, and audit by the Department, the State of Tennessee's Comptroller of the Treasury or his designated representative, and Federal personnel including the U. S. Comptroller General or his designated representative and authorized representatives of the U. S. Department of Health and Human Services. In order to provide full audit disclosure, the scope of audits shall include the financial activities of all other entities managed or controlled by the board of the agency or by its employees. Agencies shall assume full financial liability for audit exceptions ruled as final after the agency has received notice and been offered the opportunity to participate in review of the audit exceptions with State or Federal officials, as appropriate.

AUDITS

General

The financial statements and all books of account and financial records of the Department of Human Services in respect to the FY 2008 LIHEAP shall be subject to annual audit by the Comptroller of the Treasury for the State of Tennessee, or their duly appointed representatives. All such audits shall be performed in accordance with generally accepted government auditing standards, the provisions of OMB Circular A-128, (the Single Audit Act of 1984), and the Audit Manual for Governmental Units and Recipients of Grant Funds, published by the Comptroller of the Treasury for the State of Tennessee.

In addition, all contract agencies that receive \$500,000 or more in aggregate federal and/or state funding for their programs shall be subject to annual audit by the Tennessee Comptroller of the Treasury or the Comptroller's duly appointed representative. When an audit is required, each agency may, with the prior approval of the Comptroller, engage a licensed independent public accountant to perform the audit. The audit contract between the contract agency and the licensed independent public accountant shall be on a contract form prescribed by the Tennessee Comptroller of the Treasury. Any such audit shall be performed in accordance with generally accepted government auditing standards, the provisions of OMB Circular A-133, if applicable, and the ***Audit Manual for Governmental Units and Recipients of Grant Funds*** published by the Tennessee Comptroller of the Treasury. The contract agency shall be responsible for reimbursement of the cost of the audit prepared by the Tennessee Comptroller of the Treasury, and payment of fees for the audit prepared by the licensed independent public accountant. Payment of the audit fees of the licensed independent public accountant by the contract agency shall be subject to the provisions relating to such fees contained in the prescribed contract form noted above. Copies of such audits shall be provided to the Tennessee Department of Human Services, the Tennessee Comptroller of the Treasury, and the Department of Finance and Administration and shall be made available to the public.

FEDERAL INVESTIGATIONS

General

Upon request or notification from the Federal government regarding planned investigations, the Department will cooperate with Federal investigations as determined necessary by the Comptroller General of the United States in order to ensure compliance with the provisions of the Act.

Responsibilities of the Department

In the event that this situation does occur, the State will make appropriate books, documents, papers and records available to the Secretary or the Comptroller General of the United States or any of their duly authorized representatives for examination, copying or mechanical reproduction on or off the premises of the appropriate entity within a reasonable requested time frame.

Programmatic Monitoring

Program monitoring will be conducted by the Department's Program Review and Internal Audit staff. These same monitors are also responsible for monitoring the State's Weatherization Assistance Program, Community Services Block Grant Program, Social Services Block Grant Program, and other programs managed by the Department.

Each agency will be monitored subject to federal program requirements. Visits will be announced and arranged through written communications. Unannounced visits will be made in the event of complaints identifying program irregularities. Each monitoring visit will serve to evaluate compliance with all program policy areas.

All visits will consist of an entrance and exit conference. The policy areas to be reviewed will be presented by monitoring staff to local agency personnel during the entrance conference. The exit conference will involve a presentation of the findings of the review.

In addition, all monitoring visits will be followed by letters to agency board chairpersons to communicate the findings of the reviews. Corrective Action Plans (CAP) must be submitted to the Department within 30 days of the date of the monitoring report. In the event of program deficiencies, the Department will have the responsibility to confirm the correction of the deficiencies.

Inspection of completed DOE units

As required by federal guidelines, the Department will ensure that at least 5% of the completed units statewide are inspected on an annual basis.

Fiscal Monitoring

If an agency's monthly reports indicate problems in overspending or not accomplishing the scheduled service delivery during the course of the contract period, it will be noted and solutions will be sought. This may take the course of contract amendments or utilization penalties for not meeting the required number of households to be served.

For additional information regarding program compliance reference the FY 2009 Monitoring Tool found in Exhibit P.

FAIR HEARING RIGHTS FOR DISSATISFIED HOUSEHOLDS

State and Federal Requirements

Tennessee's Public Welfare Statutes and Federal law require that there be provisions for appeals and fair hearings for applicants and recipients of assistance and services provided by the Department.

If a formal complaint is made to the Federal Department of Health and Human Services (HHS) alleging that the Tennessee Department of Human Services (DHS) has failed to use LIHEAP funds in accordance with the federal statute, HHS must, within sixty (60) days after it receives the complaint, provide a written response to the complainant. DHS will be required to participate in the resolution of the complaint within the period of time designated by HHS.

Fair Hearing Process

An applicant for, or recipient of, assistance or services has a right to appeal any action taken in regard to the assistance or services for which he/she has applied, is receiving, or which has been terminated.

Clients and applicants for services or assistance through any programs offered through the Department have a right to request a fair hearing for any of the following reasons:

1. Application for service or assistance is denied (**except for lack of funds**);
2. Applicant was not provided an opportunity to submit an application for services or assistance at the time of their initial request;
3. The notification of application status is not made within 90 days of date of application; or
4. The client is dissatisfied with the services or assistance for any reason.

Every applicant or recipient of services or assistance shall be informed by local agency staff at the time of application and at the time of any action affecting his/her claim to assistance or services of the following:

1. of his/he right to a Fair Hearing;
2. of the method by which he/she may obtain a hearing; and
3. of his/her right to be represented by an authorized representative, such as legal counsel, relative, or friend. Information and referral services shall be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

Responsibilities of Local Contract Agencies

The right to appeal is provided to ensure due process for those individuals and families who are denied assistance under any of the Department's programs including the LIHEAP and WAP programs. Each agency's Board of Directors will establish procedures for fair hearings at the local level.

When an applicant feels that he/she has been denied services or assistance, or the opportunity to apply for services or assistance, a review hearing will be held upon the applicant's written request. A client who is dissatisfied with the service or assistance that they received may also request a hearing.

Applicants may not appeal when an application is denied due to a lack of funds.

To file a request for a hearing, the dissatisfied applicant must fill out a complaint form (See Exhibit L). The applicant will retain a copy of the form. Also, one copy will be provided to the Department's Community Services office and a third copy will be placed in the applicant's permanent file by the local contract agency.

A letter will be sent to all applicants stating either that the application is approved with the awarded benefit amount listed or that the application is denied. Also, the letter will state the correct procedures to follow for an appeal of an application denial through the agency's established grievance procedures.

In the WAP program, if a client believes that the work provided by the program is not satisfactory due to poor workmanship, he/she is not required to sign the Inspection and Work Completion Certification form; and if necessary, may appeal their dissatisfaction through the agency's established grievance procedure.

Applicants for services or assistance or clients dissatisfied with the receipt of services or assistance must file their grievance within 30 days of the denial of, or receipt of, the services or assistance. Upon receipt of a request for a hearing, the hearing must be held in a timely manner following the agency's established procedures for fair hearings.

If a client is dissatisfied with the agency's decision, he/she may appeal to the Department. Requests to the Department for a hearing may be made in writing, electronic mail, or telephone within thirty (30) days of the notification of the outcome of the local hearing. No request for a Department-level hearing will be accepted until a hearing at the local level is held as most issues can be resolved at the local level.

In the event an applicant must utilize this final step, local agency staff will assist the applicant in notifying the Department of their request for a hearing.

All requests for Departmental level appeals must be submitted to:
Regina Surber, Director

Community Services
TN Department of Human Services
400 Deaderick Street, 14th Floor
Nashville, TN 37248

(615) 313-4762
Regina.Surber@state.tn.us

Following the receipt of a request for a hearing, the Department's Division of Appeals and Hearings will be notified. The client will be contacted by Appeals and Hearings staff to schedule the hearing which will be conducted by a Departmental Hearing Officer. If a request for a hearing is received, the local agency will be requested to submit copies of files and documentation regarding the grievance and the steps taken to address the issues.

DATA COLLECTION AND REPORTING REQUIREMENTS

Reports to the Department

The Department will also require local contract agencies to collect and report certain programmatic data for households that apply for and/or are served by the LIHEAP program. This reporting requirement will involve the number and type of households applying for and receiving assistance. **Agencies will be monitored on their ability to submit timely reports.**

Reports by local contract agencies will be made with the "standard forms" contained in Exhibit K.

Annual Reports

The Annual Report deadline date for the Department's receipt of estimated Fiscal Year 2009 reports from local contract agencies is **July 31, 2009**. The final agency report is due **October 31, 2009**. The reports received will be utilized to complete the required annual report to the U.S. Department of Health and Human Services.

Quarterly Reports

Agencies must submit quarterly Expense and Revenue reports to the Department's Fiscal Services office no more than 45 days after the end of the quarter. Failure to submit the quarterly fiscal report by the due date shall result in program reimbursements being withheld until the report has been received.

Monthly Reports

Agencies are required to submit monthly reimbursement requests to the Department's Fiscal Services Office. In addition, agencies must submit a monthly client services report as supporting documentation to the agency's monthly invoice. The Department will determine the content and format of these monthly reports and provide such report form to contract agencies. Payment for the monthly invoice is contingent upon receipt of the monthly client services report. Reimbursement requests and client services reports submitted more than 45 days after the end of the month in which the expenses were incurred and assistance was provided must be accompanied by a letter of explanation of why the reports are late and the steps the agency has taken to address these issues. The Department is under no obligation to pay reimbursement requests received more than 45 days late.

Reports to the Internal Revenue Service (IRS)

In accordance with Section 6041 of the Internal Revenue Code, local agencies are required to complete and forward to the IRS a Form 1099 for each unincorporated energy supplier who receives \$600 or more in LIHEAP payments during a calendar year. Reports for the calendar year of 2007 must be forwarded to the IRS by January 31, 2009.

NON-DISCRIMINATION STATEMENT

Local contract agencies shall ensure that no person on the basis of handicap, race, color, religion, sex, age or national origin will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP or in the employment practices of the agency, subject to federal program requirements. Such employment practices may include, but are not limited to, recruitment, recruitment advertising, hiring, layoff or termination, promotion, demotion, transfer, rate of pay, training and participation in upward mobility programs, or other forms of compensation and use of facilities. Local contract agencies shall upon request show proof of such nondiscrimination, shall post in conspicuous places, available to all employees and applicants, notices of non-discrimination.

Title VI Compliance

Title VI is a federal law that prohibits discrimination on the basis of race, color or national origin. This federal law applies to all primary and secondary beneficiaries of federal funds, which include DHS and its subrecipients. Each local agency, under contract with the Department of Human Services (DHS) must designate one individual as the Title VI Coordinator to be responsible for compliance with regulations at their agency. The name and contact information should be forwarded to Department yearly with each agency grant application. The agency's Title VI Coordinator will be responsible for ensuring that the agency has developed a written Title VI Plan and has completed and submitted their annual Title VI Survey to the Department. In addition, the Title VI Coordinator will ensure Title VI training for staff and volunteers is completed annually. All staff training regarding Title VI compliance should be documented for monitoring review.

POLICY OR PROCEDURE INQUIRIES

General

Since this State Plan contains general policies which must be applied to unique situations, LIHEAP agency staff occasionally may need specific guidance from State Office personnel.

To expedite such requests for policy interpretations, requests and responses are often made orally. However, there are several problems associated with the practice of giving oral policy guidance:

1. Misunderstanding in the initial communication;
2. Misunderstanding when the information is communicated to other individuals or groups; and
3. Lack of permanent record for future reference and benefit of other staff.

While oral responses are unavoidable at times, it is generally felt that such requests are better addressed in writing.

Sample Form

The sample form in Exhibit M has been developed for appropriate LIHEAP agency staff to utilize when requesting and responding to policy or procedural directives from State Office personnel.

The top half of the form is to be completed by the person requesting the guidance. Space is provided for the major topic, reference to the related state plan section and the specific question. The bottom half of the form is completed by the person responding to the question. Copies of the question and responses are then distributed to agency and Department staff as deemed appropriate.

When responses are given in writing, the research and explanation are usually more thorough than when an oral response is given. This procedure has resulted in better quality and uniformity of policy interpretations.

CONTACTS FROM THIRD PARTIES ALLEGING UNDISCLOSED APPLICANT AND CLIENT INCOME

General

Local contracting agencies will use the "model" form contained in Exhibit N to report to the Department contacts from third parties alleging undisclosed applicant and client income.

However, only the income which is alleged as undisclosed and which is in addition to that listed on an application must be reported to this office.

EXHIBIT A

Pre-Numbered

**APPLICATION FORM
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

(Please Read Attached Instructions Before Completing)

1. _____
Applicant Name

2. _____ 3. _____
Applicant Address City/State Zip Code Telephone No.

4. _____ 5. _____
Number in Household Source(s) of Energy (wood, coal, natural gas,
electricity, kerosene, fuel oil or L.P. gas)

6. Name, Address and Telephone Number of Energy Supplier to Receive Payment

_____ 7. _____
Home Energy Costs

8. a. _____ b. _____ 9. _____
Utility Account Number(s) Sex

10. _____ 11. _____ 12. Disabled:
Housing (Own, Rent, Race (American Indian or Yes ____ No ____
Section 8 or Public Alaskan Native, Asian or Pacific
Housing Authority) Islander, Black (Non-Hispanic), Frail Elderly:
Hispanic, or Caucasian) Yes ____ No ____

13. _____ 14. Number of Household Members who are:
Age of Applicant Under 12 months of age (infants) ____
Age 2 years or under ____
Ages 3 years through 5 years ____
60-69 years ____
70 years and older ____

15. _____ 16. _____
Applicant Social Security No.* Amount of Utility "Overage"

Source Monthly Amount

17. Source(s) and Amount(s) of Monthly
Income: (Documentation of all income
sources must be attached) _____

* Assistance may not be denied or delayed due to an applicant's refusal or inability to furnish a Social Security number.

18. Type of Assistance Applying For: (Check one)

_____ Energy Assistance

Crisis Assistance _____

\$ _____
Total Monthly Income

19. Household Members Receiving Food Stamps: _____
Yes No

If yes, print the names of those members receiving this benefit.

a. _____ b. _____ c. _____

20. Has residence been served under the Weatherization Assistance Program?
Yes _____ No _____

21. Are you interested in the Weatherization Assistance Program?
Yes _____ No _____

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I also certify, that I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program and that I shall be notified of my eligibility status within the time period acknowledged to me by the authorized personnel of the local contract agency.

22. Do you receive regular financial assistance for disability? YES___ NO___; or

Do you have a signed Medical Statement that medical life support equipment is required for your household? YES___ NO___; or

State your disability _____
(documentation not required.)

23. _____ 24. _____ 25. _____
Applicant Signature Date Date of Birth

FOR OFFICE USE ONLY (APPLICANT DO NOT COMPLETE)

Eligible Benefit Level _____ Amount of Annual Household Income Verified _____

Signature of Pre-Certification Worker _____ Date _____

EXPEDITED SERVICE REQUIRED? YES NO

APPLICATION INSTRUCTIONS (ENERGY ASSISTANCE)

- 1. APPLICANT NAME:** Print you full name.
- 2. APPLICANT ADDRESS:** Print your full address including zip code.
- 3. TELEPHONE NUMBER:** Enter your telephone number or contact number.
- 4. NUMBER IN HOUSEHOLD:** Indicate the total number of individuals who are living in your home.
- 5. SOURCE(S) OF ENERGY:** Indicate what sources of energy you use in your home. Please select from wood, coal, natural gas, electricity, kerosene, fuel oil or L.P. Gas. You may indicate more than one (1) energy source.
- 6. NAME, ADDRESS, AND TELEPHONE NUMBER OF ENERGY SUPPLIER TO RECEIVE BENEFIT** Enter the name, address and telephone number of energy supplier to receive your benefit payment. If you are a public housing tenant, enter the address, and telephone number of your Public Housing Authority.
- 7. HOME ENERGY COSTS** You will have the responsibility to provide this agency with data concerning your home energy costs. You are requested to submit this data at the time you submit your application. Please submit copies of your actual bills or documentation from your energy supplier(s) for any coal, fuel oil, kerosene, L.P. Gas, and wood deliveries made to your home within the twelve month period immediately preceding the date of your application. Also, please submit copies of your actual bills or documentation from your suppliers for your electric and natural gas costs for a one (1) month period during the twelve months immediately preceding the date of your application. For example, if your application is completed on August 4, 2006, the documentation of an electric bill for the month of January 2006, and of a natural gas bill for the month of December, 2005, may be used to calculate your energy burden.

If your energy costs are included as part of a rental payment, a statement from your landlord will be acceptable.

**8. UTILITY ACCOUNT
NUMBER(S):**

Enter the account numbers(s), as appropriate, for the energy suppliers(s) you have identified.

9. SEX:

Enter Male or Female.

10. HOUSING:

Enter your current type of housing. Please select from: Own, Rent, Section 8 or Public Housing Authority. Only indicate one (1) type of housing.

11. RACE:

Enter your race. Please select from: American Indian or Alaskan Native; Asian or Pacific Islander; Black (Non-Hispanic); Hispanic; or Caucasian. This information is for data collection purposes only.

12. DISABILITY:

Enter "Yes" or "No" as to whether you or a member of your household has a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, bathing, learning or working. Also, enter "Yes" or "No" as to any disabled household member who is elderly (60+). **If "Yes", answer Number 22.**

13. AGE:

Enter your age.

**14. AGE INFORMATION FOR
HOUSEHOLD MEMBERS**

Enter the number of household members, including yourself who are in the age groups identified.

**15. APPLICANT SOCIAL
SECURITY NO.**

Enter your Social Security Number.

Note: Application for assistance may not be delayed or denied when applicants cannot, or chose not to, provide a Social Security number.

16. UTILITY OVERAGE

Enter the amount of any "overage" you may have been billed as a Public Housing tenant for the current or previous month for your utility service (Please attach documentation).

17. SOURCES OF MONTHLY INCOME:

Indicate the source(s) and amount(s) of monthly income received by you and members of your household. For example, if a member of your household is employed and receives \$400 per month, indicate the specific source of his/her employment and that the monthly amount is \$400.

Please note that you must attach documentation for all current income sources, with the exception of employment. Under self-employment, only that income received after operating expenses are deducted should be listed on the application. On all other income sources, the gross amount of the income (before any deductions are made) must be listed on the application. Utility allowances are not considered income for program eligibility purposes.

If you or other members of your household receive cash benefits under the Families First Program or Supplemental Security Income (SSI) program, please only list the source and monthly benefit amount. Documentation regarding any Families First and SSI benefits will not have to be attached.

18. TYPE OF ASSISTANCE REQUESTED:

Check either Energy or Crisis Assistance.

19. HOUSEHOLD MEMBERS RECEIVING FOOD STAMPS:

Check "Yes" or "No" as to you or any members of your household currently receiving Food Stamps. If "Yes", print the names of those members receiving this benefit.

20. HAS RESIDENCE BEEN SERVED UNDER THE WEATHERIZATION ASSISTANCE PROGRAM:

Check "Yes" or "No"

21. ARE YOU INTERESTED IN THE WEATHERIZATION ASSISTANCE PROGRAM (WAP):

Check "Yes" or "No". You will find attached to this application a fact sheet on the Weatherization Program. If you check "Yes", your name and address will be forwarded to the local agency which provides assistance under the WAP program.

22. DISABILITY

Circle the correct response in one of the statements or describe your handicapping condition in as few words as possible. **No documentation is required.**

23. APPLICANT SIGNATURE:

Please sign the application certifying to the statements listed. If someone else must sign the application for you, please attach a note stating why you cannot sign the application. Also, if you use a "Mark" rather than your signature, please have your "Mark" witnessed with the signature of another person.

24. DATE:

Enter the date that you sign the application.

25. DATE OF BIRTH:

Enter your date of birth.

NOTE: Do not complete the section of the application which is designated: ("For Office Use Only").

For additional information on completing the application, please call

_____.

After the application is completed and all necessary documentation is attached, please mail it in the attached self-addressed envelope.

A notification status letter will be sent to you by _____. You must continue to pay your own energy bill until your account has been credited by your supplier or an energy delivery is made at your home.

EXHIBIT B

**NOTICE OF INCOMPLETE APPLICATION
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

Name of Applicant

Address

City/State/Zip Code

In reviewing your application for energy assistance, the following item(s) were incomplete:

_____ Income Documentation Not Attached For The Following Sources:

1. _____
2. _____
3. _____

_____ Other: _____

Please provide immediate attention to this matter. You will have until _____ to correct the deficiencies noted above. If you have any questions regarding this matter, please contact _____ at the following address:

(Name of Contact Person)

Name of Agency

Address

City/State/Zip Code/Telephone Number

Thank you for your assistance.

Sincerely,

Name of Agency Representative

EXHIBIT C

PRIORITY POINTS SYSTEM

The determination of which eligible households receive assistance is accomplished through the Priority Points System. Under this system, applicants are given points based on their incomes based on family size, energy burden, and the presence of vulnerable members in the household. Those applicants with the lowest incomes, highest energy burden, and greatest vulnerability receive the most number of points available.

After the total number of points is determined for each eligible household, the applicants are ranked from the highest number of points to those with the lowest number. Those households with the highest number of points receive priority in assistance and will be served subject to available funds. In addition, the number of points awarded to each household is the determining factor in the benefit level of assistance provided to each household, **except as provided in the State Plan for household which are only subject to the payment of “overages”**.

The following criteria are to be used to calculate each applicant household's total number of points:

Income Based on Family Size (20 points maximum)

% of Federal Poverty Guidelines	Points
0-50%	20 points
51-75%	15 points
76-100%	10 points
101-125%	5 points

Energy Burden (20 points maximum)

% of income used for home energy costs	Points
14% or higher	20 points
9-13%	15 points
4-8%	10 points
3% or less	5 points

Vulnerable Household Members (50 points maximum)

Household with:	Points
Elderly (70+)	15 points
Elderly (60 - 69)	10 points
Disabled	10 points
Children under 6 years of age	10 points
APS Referral	10 points
Households with six (6) or more persons	5 points

Benefit Levels	Points
\$300 -	0-25 points
	26-50 points
	51-75 points
- \$600	76-100 points

Contract agencies have the discretion to establish their maximum benefit levels for each level of household points within the ranges established in this state plan, except as provided in the State Plan for households which are only subject to the payment of “overages”. Benefit levels must be establish in ranges as indicated in the chart above and the same benefit level may not be applied to all households applying for LIHEAP assistance. Benefit levels must also be uniform within each agency’s service area.

The minimum benefit level cannot fall below \$300 and the maximum benefit level cannot exceed \$600. The benefit levels for Energy Assistance (Heating and Cooling) and for Crisis Assistance must be included in the agency’s program narrative.

To determine which households are to receive priority in assistance when sufficient funds are not available to serve all households with the same number of points, rank the households’ applications based on the energy burden calculated. Those households with the highest energy burdens, prior to rounding the percentages to the next whole number, are to receive assistance first. For example, if two households with identical points have energy burdens of 6.13% and 7.04% respectively, the household with the energy burden of 7.04% is to receive priority.

The Priority Points System for Energy Assistance will be used as a basis to initially determine the level of assistance with one exception. The calculation of the energy burden for electric and/or natural gas bills will be based on the amount of the bill concerned with the shut-off notice. If the application, however, is not based on a shut-off notice and involves less than a 30 days supply of home-delivered energy (i.e., coal, fuel oil, kerosene, LP gas, and/or wood), the policy concerned with the submission of energy cost documentation for home-delivered energy assistance is to be used.

The calculation of each household's energy burden must be documented by local agencies. This may occur with the use of the sample form (found in this Exhibit C.). Regardless of the method of documentation utilized, the following policies are to be observed:

- (a) For home-delivered energy costs (i.e., coal, fuel oil, kerosene, LP gas, and/or wood), the actual energy bill(s) or documentation from the energy supplier(s) are to be used. The bill(s) or documentation must concern fuel deliveries made to a household during the twelve (12) month period immediately preceding the date of application. Applicants should include the bill(s) or documentation with their applications when applying for assistance. Local contract agencies will have the discretion to establish deadline dates for the submission of the energy cost documentation, if the documentation is not submitted with the application for assistance, or the application may be denied.
- (b) For electric and natural gas usage, the actual energy bill(s) or documentation from the energy supplier(s) for a one (1) month period during the twelve (12) months immediately preceding the date of application are to be used. For example, if an application is received on August 5, 2006, documentation of an electric bill for the month of January 2006 and of a natural gas bill for the month of December 2005 may be used to calculate the energy burden. If the energy costs are included as part of a rental payment, a statement from the landlord will be acceptable. The total amount of the bill(s) or documentation is to be annualized by multiplying the amount by twelve (12). Applicants should include the bill(s) or documentation with their applications when applying for assistance. Local contract agencies will have the discretion to establish deadline dates for the submission of the energy cost documentation, if the documentation is not submitted with the application for assistance, or the application may be denied.
- (c) As provided by this State Plan, documentation of zero income must indicate how a household is surviving without any cash income. If this condition is met and no evidence of cash income is available, it is to be assumed that the household had adequate resources to meet its most recent energy costs. Therefore, the total energy costs calculated for an applicant household in accordance with the Priority Points System is to be considered as income available to the household. This will result in an automatic energy burden of 100% for all households with zero income.
- (d) To be eligible for input in determining the energy burden of a household, the energy costs must represent expenditures that are the responsibility of the household. Cash assistance from another program that is provided directly to a household and used for documented energy expenditures is eligible for inclusion in determining the energy burden of the household.

(e) For example, if a \$100 benefit is provided directly to a household by a private charity, and the benefit is used to purchase a wood delivery during the twelve (12) month period immediately preceding the date of application, the documentation of the benefit may be used to calculate the household's energy burden. However, any energy costs which are paid directly to an energy supplier by another program, and which are not part of a household's energy expenditures may not be included in determining the household's energy burden. For example, if a \$100 benefit is provided directly to a wood supplier for a household by a private charity, the benefit may not be used to calculate the household's energy burden. The amount of costs for home-delivered energy and the annualized amount for electric and natural gas costs are to be added together; divided by the total documented incomes of the household; and then multiplied by 100. See formula below.

$$\frac{\text{Total Documented Energy Cost}}{\text{Total Documented Household Income}} \times 100 = \text{Energy Burden Percentage}$$

A sample form for the Calculation of Energy Burden is located on the next page.

**SAMPLE FORM FOR THE
CALCULATION OF ENERGY BURDEN**

(Name of Applicant)

(Address)

(City/State/Zip Code)

Documented Costs for Energy Sources (Enter Amounts):

Coal: \$ _____

Electricity: \$ _____

Fuel Oil: \$ _____

Kerosene: \$ _____

L.P. Gas \$ _____

Natural Gas: \$ _____

Wood: \$ _____

Formula to Calculate Energy Burden:

\$ _____ (Total Documented Energy Cost) Divided by
the \$ _____ (Total Documented Annual Income for the
Household) Multiplied by 100 = ____% (Energy Burden Percentage*)

EXHIBIT D

"STANDARD"

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
RELEASE OF INFORMATION AND
CLIENT CERTIFICATION OF PRIOR ASSISTANCE**

I, _____, hereby authorize the above named agency to
(Applicant's Name)
share information contained in my energy assistance application with other
agencies/programs from which I seek additional services, and fully consent to the
sharing of this information. I also certify that I have **not** received the LIHEAP assistance
during the current period for which I now apply:

Applicant Signature

Date

Intake Worker Signature

Date

*Note: If an applicant or local contract agency does not want information regarding an
application to be shared with other agencies/programs, then draw a line through the first
statement before the applicant signs this form.

"OPTIONAL"

**NOTIFICATION OF DENIAL
(Only For Unavailable Funds)**

(Name of Applicant)

(Address)

(City/State/Zip Code)

Dear _____:
(Name of Applicant)

We regret to inform you that your application for assistance under the Low Income Home Energy Assistance Program cannot be approved by our agency due to unavailable funds. The applications received were ranked according to household size, income, income expended for energy costs, and vulnerability of household members that are frail elderly, disable or less than 6 years of age.

Unfortunately, all eligible households which apply for the assistance may not be served due to the program's limited funding.

Your application will remain on file and may be served if additional funds become available. Under the regulations established for the program, an appeal of this action cannot be accepted by our agency.

Thank you for your cooperation.

Sincerely,

(Signature of Agency Official)

(Date)

"OPTIONAL "

**NOTIFICATION OF DENIAL
(Except for Unavailable Funds)**

(Name of Applicant)

(Address)

(City/State/Zip Code)

Dear _____:
(Name of Applicant)

We regret to inform you that your application for assistance under the Low Income Home Energy Assistance Program cannot be approved for the following reason(s):

Your application exceeds the poverty guidelines. _____

Application was made after the deadline date. _____

The following information was found to be incorrect or incomplete:

You have the right to appeal this decision. Please contact the person listed below to obtain the proper complaint form if you wish to appeal:

(Name)

(Agency)

(Address)

(City/State/Zip Code/Telephone Number)

NOTIFICATION OF APPROVAL

(Name of Applicant)

(Address)

(City/State/Zip Code)

Dear _____:
(Name of Applicant)

This letter is to inform you that your application for energy assistance has been approved. The amount listed below will only supplement and not pay your entire home energy costs. You must continue to pay your energy bill until your account has been credited by your energy supplier or a fuel delivery is made to your home. The following applies to the status of your energy application:

Type of approved assistance: _____ Energy Assistance

_____ Energy Crisis

Supplier: _____

Account Number: _____

Amount Approved: _____

Please note that your energy assistance payment will be made by the following method: _____. Also, please notify the local agency at the following address if your address changes:

(Name)

(Agency)

(Address)

(City/State/Zip Code/Telephone Number)

Sincerely,

(Signature of Agency Official)

(Date)

"MODEL"

**STATEMENT FROM ESTABLISHMENTS
WHICH REGULARLY
CASH CHECKS FOR APPLICANTS
OF THE LOW INCOME HOME ENERGY
ASSISTANCE PROGRAM (LIHEAP)**

TO: _____

FROM: _____

(Names & Address of Establishment)

I certify that this establishment regularly cashes the following check(s) for
_____ (payee should be LIHEAP applicant or household member):

TYPE OF PAYMENT (weekly payroll, monthly VA pension,
etc.) _____

AMOUNT \$ _____

FREQUENCY CASHED _____

OTHER COMMENTS (if any) _____

I further understand this information is being provided solely for the purpose of verifying
income reported on the above named individual's application for energy assistance.

(Signature of Cashier)

Date

"MODEL"

SSA VERIFICATION FORM

TO: Social Security Administration

Date _____

I have filed an application for SSI benefits recently and it is necessary that the information indicated below be provided to the agency identified below which is responsible for determining eligibility for the Low Income Home Energy Assistance Program.

I authorize the Social Security Administration to provide the information indicated below based on my SSA benefits.

MEMBERS OF THE HOUSEHOLD:

_____	Applicant's Name
_____	Social Security Number (optional)
_____	Date of Birth
_____	Address

Applicant's Signature _____

REPORT FROM SOCIAL SECURITY

1. Date of Birth _____
2. Type of Benefit _____
3. Benefit Period _____
4. Gross Benefit Payment _____
5. Source & amount of other earned & unearned income contained in Social Security records: _____

Signature & Title of Authorized Official

Date

"MODEL"

REQUEST FOR ADDITIONAL DOCUMENTATION

Dear Applicant:

An application must be completed and properly supported with documentation before a household can be determined eligible for the Low Income Home Energy Assistance Program.

In order that your household eligibility can be determined and assistance be provided to you, the following must be presented to the local agency within fifteen (15) days. Otherwise your application will be denied due to a lack of documentation.

- _____ Income Documentation
- _____ Utility Documentation (Homeowners, Renters and Tenants)
- _____ Medical Statement
- _____ Other (Explain): _____

Please note that if assistance is granted, you must continue to pay your energy costs until your account has been credited or a fuel delivery is made.

Sincerely,

Agency Official

Date

MEDICAL STATEMENT

This is to certify that

(Name of Patient)

has had a medical examination and the diagnosis has been determined as:

_____ Diabetes

_____ Circulatory or Heart Conditions

_____ Hypothermia

_____ Stroke

_____ Skin Disease

_____ Other (explain)

COMMENTS: _____

Additionally, in my opinion, this condition would be aggravated by unusually hot weather.

**(Physician/Public Health Official/Medical
Social Worker/RN)**

(Date)

NOTE: The applicant is responsible for returning this form to the local agency.

"MODEL"

**STATEMENT OF SUPPORT
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

Date

I , _____, do hereby certify that during the period of
_____ to _____ that I provided the following support to:

Name

_____ **Food**

_____ **Clothing**

_____ **Rent**

_____ **Gifts* (specify)** _____

_____ **Other (specify)** _____

Signature of Support Person(s)

Signature of Applicant

*Gifts are contributions of cash, goods or services for basic necessities which are made without any commitment for repayment.

"MODEL"

INCOME VERIFICATION

The _____ has received
(Agency)

an application for Energy assistance from

(Applicant Name)

To determine the applicant's income eligibility for this assistance, you have been authorized by him/her to provide information regarding the amount of income received by the applicant. Additional information concerning the applicant is listed below:

(Applicant)

(Social Security No.) (optional)

(Date of Birth)

(Address)

(City/County)

	<u>Income Source(s)</u>	<u>Monthly Amount</u>
1.	Social Security	\$ _____
2.	Wages	\$ _____
3.	Pension(s)	\$ _____
4.	SSI	\$ _____
5.	Veterans	\$ _____
6.	Other (Explain)	\$ _____

Authorized Agency Official

Date

Name of Agency

Applicant's Signature

Date

Signature and Title of Person Verifying Income

"MODEL"

**DOCUMENTATION OF UNCONTROLLABLE CIRCUMSTANCES
ENERGY CRISIS ASSISTANCE**

Description of Uncontrollable Circumstances

Name, Address and Telephone Number of Person (Other Than Family or Household Member) Who Can Verify Uncontrollable Circumstances

I, the undersigned applicant, certify to the best of my knowledge that all of the information listed above is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly falsifies required information is subject to prosecution under applicable State and Federal criminal statutes.

Applicant Signature

Date

**CUSTOMER CERTIFICATION STATEMENT FOR THE
RECEIPT OF AN AIR CONDITIONER UNDER THE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

I, _____ fully understand that the air conditioner identified
(Print Customer Name)

below is being provided for the sole use of my household located at

(Customer Address)

Unit Brand Name: _____

Model Name or Number: _____

Serial Number: _____

I also understand that if the air conditioner is sold or transferred to another household or business that I may be subject to prosecution under applicable state and federal criminal/civil laws. I agree to return the air conditioner to the _____
(Print Name of Agency)

_____ if it is in working order but no longer used by my household.

Customer Signature

Date

Agency Official Signature

Date

EXHIBIT E

(FOR USE BY LIHEAP AGENCIES ONLY)

**FACT SHEET FOR LIHEAP APPLICANTS
REFERRED TO THE WEATHERIZATION ASSISTANCE PROGRAM**

Referral Procedures

If you are interested in having your house or apartment weatherized and have not received such assistance at your present address since September 30, 1993, your LIHEAP application will be referred to the Weatherization Assistance Program (WAP). The WAP is currently being operated in this area by the:

(Name of Agency)

Due to limited funds for the WAP and the possible backlog of eligible persons whose applications have been approved, there may be a delay of several weeks, months or longer before assistance may be available to you. Such delays are caused by local agency backlogs and vary in length across the state.

If you wish, you may contact the local WAP office regarding your application at the following address and telephone number:

(Street)

(City)

(Phone Number)

The local WAP agency named above will contact you when assistance under the program may be provided.

Services Available under the WAP

Please note that the following services are based upon building conditions, recommendations on energy surveys, and expenditure limits:

1. Insulation of attic, floor, and electric water heaters;
2. Caulking of doors and windows;
3. Installation of weatherstripping and thresholds;
4. Glazing of windows;
5. Installation of window and door screens;
6. Use of reflective sealant for mobile homes;
7. Installation of smoke detectors; and
8. Replacement/repair of water heater and/or refrigerator; and
9. Installation of prime and storm windows.

EXHIBIT F

**STATE FISCAL YEAR 2009 LIHEAP INCOME GUIDELINES
125% OF FY 2009 FEDERAL POVERTY (ANNUAL) INCOME GUIDELINES
FOR NONFARM FAMILIES**

	Annual
Size of Household	125% of Poverty Guidelines
1	\$13,000.00
2	\$17,500.00
3	\$22,000.00
4	\$26,500.00
5	\$31,000.00
6	\$35,500.00
7	\$40,000.00
8	\$44,500.00
For each additional member, add	\$4,500.00

*Federal Register / Vol. 73, No. 15 / Wednesday, January 23, 2008

STATE FISCAL YEAR 2009 (7/1/08–6/30/09)
PERCENT OF FEDERAL POVERTY (ANNUAL) INCOME GUIDELINES FOR
PRIORITY POINTS SYSTEM

No.
in
Hse.

0-50%

51%-75%

76%-100%

101%-125%

1	0- 5,200.00	5,200.01-7,800.00	7,800.01- 10,400.00	10,400.01-13,000.00
2	0-7,000.00	7,000.01-10,500.00	10,500.01-14,000.00	14,000.01-17,500.00
3	0-8,800.00	8,800.01-13,200.00	13,200.01-17,600.00	17,600.01-22,000.00
4	0-10,600.00	10,600.01-15,900.00	15,900.01-21,200.00	21,200.01-26,500
5	0-12,400.00	12,400.01-18,600.00	18,600.01-24,800.00	24,800.01-31,000.00
6	0-14,200.00	14,200.01-21,300.00	21,300.01-28,400.00	28,400.01-35,500.00
7	0-16,000.00	16,000.01-24,000.00	24,000.01-32,000.00	32,000.01-40,000.00
8	0-17,800.00	17,800.01-26,700.00	26,700.01-35,600.00	35,600.01-44,500.00

*1,800.00

*2,700.00.00

*3,600.00

*4,500.00

*For each additional household member, add these amounts.

EXHIBIT G

**BENEFIT CHECK/VOUCHER AGREEMENT FOR
PARTICIPATION IN THE
2008-2009 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

BETWEEN

(Electric and/or Natural Gas Utility or Public Housing Authority)

AND

Local LIHEAP Agency

THIS AGREEMENT, by and between the _____
(Electric and/or Natural Gas Utility or Public Housing
Authority)

_____, hereinafter
referred

to as the Home Energy Supplier, and the

(Local LIHEAP Agency)

hereinafter referred to as the Local LIHEAP Agency (LLA), in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this agreement according to the provisions set out herein:

- A.** The Home Energy Supplier agrees to the following conditions and terms:
- 1.** To participate in the 2007-2008 Low Income Home Energy Assistance Program (LIHEAP) in accordance with the approved LIHEAP State Plan and Federal regulations.
 - 2.** To accept benefit checks and vouchers on behalf of eligible households for the purpose of providing LIHEAP services for clients identified to receive such benefits.

3. To apply benefit check or voucher amounts to the energy accounts of eligible and certified households.
4. To not discriminate against the eligible in offering deferred payment or level payment plans or in the other conditions of sale, credit, or price to the customer.
5. To record the LIHEAP payments to the Home Energy Supplier's books as a credit to the households' accounts.
6. To refund LIHEAP credit balances to those customers who terminate their service or to the surviving member(s) of the household when customers expire according to the policy established by the Home Energy Supplier for non-LIHEAP customers.
7. To return LIHEAP credit balances to the LLA when such balances remain after a waiting period of 90 days for LIHEAP customers who have moved and not left forwarding addresses after terminating their service.
8. To be responsible for compliance with the terms and provisions of this agreement and to understand that this agreement may be revoked by the LLA for noncompliance by the Home Energy Supplier.
9. To permit and cooperate with State and/or Federal investigations undertaken in connection with Section 2608, Title XXVI, Low Income Home Energy Assistance Act of 1981 as amended, concerning the use of funds received under this title in order to evaluate compliance with the provisions and assurances made by the State. Such investigations may require examination of appropriate books, documents, papers and records pertaining to customers served with funds under this program. Reasonable notice will be made to the Home Energy Supplier in advance of any investigation and the costs of conducting such an investigation will be borne by the Department.

B. The local LIHEAP agency agrees to the following conditions and terms:

1. To issue benefit checks and/or vouchers for assistance and to provide payments on vouchers when they are properly signed and returned to the LLA.
2. To provide guidance to the Home Energy Supplier during the implementation and operation of the Low Income Home Energy Assistance Program.

3. To maintain the right to monitor, evaluate and spot-check the Home Energy Supplier's operation and activities according to this agreement with respect to the clients served.
4. To submit applications subject to available funding to the Department for eligible households according to LIHEAP guidelines.

C. All parties agree to the following:

1. To comply fully with Titles VI and VII of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973; and ensure that no person on the basis of handicap, race, color, religion, sex, age or national origin, will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this agreement, or in the employment practices of the home energy supplier and the LLA. Such employment practices may include, but are not limited to, recruitment, recruitment advertising, hiring, layoff or termination, promotion, demotion, transfer, rate of pay, training and participation in upward mobility programs, or other forms of compensation and use of facilities. The home energy supplier and the LLA shall upon request show proof of such nondiscrimination, and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
2. Any party may terminate this agreement by giving a written fifteen (15) day notice.
3. The LLA may terminate this agreement with written notice if the Home Energy Supplier fails to comply with the terms and provisions of this agreement.
4. The beginning date of this agreement is July 1, 2008, and the ending date shall be June 30, 2009.
5. The execution of this agreement by the Home Energy Supplier to participate in the LIHEAP is not to be interpreted as a "waiver" of any right, term, or condition obtained by the Home Energy Supplier pursuant to customer service under an agreement outside of this agreement, except to the extent such right, term or condition is in conflict with the provision of the agreement or State or Federal law.
6. This agreement may be amended by written modification and/or additional terms which are mutually acceptable to the parties.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

APPROVED:

HOME ENERGY SUPPLIER

ADDRESS

CITY **STATE** **ZIP CODE** **PHONE NUMBER**

SIGNATURE OF DIRECTOR/BUSINESS MANAGER **DATE**

APPROVED:

LOCAL LIHEAP AGENCY

LLA BOARD CHAIRMAN **DATE**

EXHIBIT H

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
HOME DELIVERED ENERGY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for home energy in the amount of \$ _____
for:

Type of Assistance _____ Energy Type _____

Client Name

Address

City, State, Zip

Telephone Number

Agency Signature

Date

I, THE UNDERSIGNED SUPPLIER, AGREE TO PROVIDE HOME DELIVERED ENERGY TO THE ABOVE NAMED CLIENT IN THE AMOUNT STATED ABOVE. I FURTHER AGREE TO: 1) SUBMIT THIS VOUCHER TO THE ABOVE NAMED AGENCY; 2) SUBMIT FOR PAYMENT DELIVERY TICKETS WHICH ARE SIGNED BY THE ABOVE CLIENT AND INDICATE THE TYPE, COST, AMOUNT OF ENERGY DELIVERED AND THE DATE OF DELIVERY; 3) ASSURE THAT NO HOUSEHOLD RECEIVING LIHEAP ASSISTANCE WILL BE TREATED ANY DIFFERENTLY BECAUSE OF SUCH ASSISTANCE UNDER APPLICABLE PROVISIONS OF STATE LAW OR PUBLIC REGULATORY REQUIREMENT; AND 4) NOT DISCRIMINATE, EITHER IN COST OF GOODS SUPPLIED OR THE SERVICES PROVIDED, AGAINST THE ELIGIBLE HOUSEHOLD ON WHOSE BEHALF PAYMENT IS MADE.

ENERGY SUPPLIER/VENDOR NAME

ADDRESS

SIGNATURE

DATE

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY MANNER. THIS VOUCHER IS VOID AFTER MAY 15, 2009, AND NO PAYMENTS WILL BE MADE FOR DELIVERY TICKETS PRESENTED FOR PAYMENT AFTER MAY 31, 2009.

ORIGINAL

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
HOME DELIVERED ENERGY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for home energy in the amount of \$ _____
for:

Type of Assistance _____ Energy Type _____

Client Name

Address

City, State, Zip

Telephone Number

Agency Signature

Date

I, THE UNDERSIGNED SUPPLIER, AGREE TO PROVIDE HOME DELIVERED ENERGY TO THE ABOVE NAMED CLIENT IN THE AMOUNT STATED ABOVE. I FURTHER AGREE TO: 1) SUBMIT THIS VOUCHER TO THE ABOVE NAMED AGENCY; 2) SUBMIT FOR PAYMENT DELIVERY TICKETS WHICH ARE SIGNED BY THE ABOVE CLIENT AND INDICATE THE TYPE, COST, AMOUNT OF ENERGY DELIVERED AND THE DATE OF DELIVERY; 3) ASSURE THAT NO HOUSEHOLD RECEIVING LIHEAP ASSISTANCE WILL BE TREATED ANY DIFFERENTLY BECAUSE OF SUCH ASSISTANCE UNDER APPLICABLE PROVISIONS OF STATE LAW OR PUBLIC REGULATORY REQUIREMENT; AND 4) NOT DISCRIMINATE, EITHER IN COST OF GOODS SUPPLIED OR THE SERVICES PROVIDED, AGAINST THE ELIGIBLE HOUSEHOLD ON WHOSE BEHALF PAYMENT IS MADE.

ENERGY SUPPLIER/VENDOR NAME

ADDRESS

SIGNATURE

DATE

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY MANNER. THIS VOUCHER IS VOID AFTER MAY 15, 2009, AND NO PAYMENTS WILL BE MADE FOR DELIVERY TICKETS PRESENTED FOR PAYMENT AFTER MAY 31, 2009.

HOME ENERGY SUPPLIER'S COPY

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
HOME DELIVERED ENERGY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for home energy in the amount of \$ _____
for:

Type of Assistance _____ Energy Type _____

Client Name

Address

City, State, Zip

Telephone Number

Agency Signature

Date

I, THE UNDERSIGNED SUPPLIER, AGREE TO PROVIDE HOME DELIVERED ENERGY TO THE ABOVE NAMED CLIENT IN THE AMOUNT STATED ABOVE. I FURTHER AGREE TO: 1) SUBMIT THIS VOUCHER TO THE ABOVE NAMED AGENCY; 2) SUBMIT FOR PAYMENT DELIVERY TICKETS WHICH ARE SIGNED BY THE ABOVE CLIENT AND INDICATE THE TYPE, COST, AMOUNT OF ENERGY DELIVERED AND THE DATE OF DELIVERY; 3) ASSURE THAT NO HOUSEHOLD RECEIVING LIHEAP ASSISTANCE WILL BE TREATED ANY DIFFERENTLY BECAUSE OF SUCH ASSISTANCE UNDER APPLICABLE PROVISIONS OF STATE LAW OR PUBLIC REGULATORY REQUIREMENT; AND 4) NOT DISCRIMINATE, EITHER IN COST OF GOODS SUPPLIED OR THE SERVICES PROVIDED, AGAINST THE ELIGIBLE HOUSEHOLD ON WHOSE BEHALF PAYMENT IS MADE.

ENERGY SUPPLIER/VENDOR NAME

ADDRESS

SIGNATURE

DATE

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY MANNER. THIS VOUCHER IS VOID AFTER MAY 15, 2009, AND NO PAYMENTS WILL BE MADE FOR DELIVERY TICKETS PRESENTED FOR PAYMENT AFTER MAY 31, 2009.

CLIENT'S COPY

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
HOME DELIVERED ENERGY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for home energy in the amount of \$ _____
for:

Type of Assistance _____ Energy Type _____

Client Name

Address

City, State, Zip

Telephone Number

Agency Signature

Date

I, THE UNDERSIGNED SUPPLIER, AGREE TO PROVIDE HOME DELIVERED ENERGY TO THE ABOVE NAMED CLIENT IN THE AMOUNT STATED ABOVE. I FURTHER AGREE TO: 1) SUBMIT THIS VOUCHER TO THE ABOVE NAMED AGENCY; 2) SUBMIT FOR PAYMENT DELIVERY TICKETS WHICH ARE SIGNED BY THE ABOVE CLIENT AND INDICATE THE TYPE, COST, AMOUNT OF ENERGY DELIVERED AND THE DATE OF DELIVERY; 3) ASSURE THAT NO HOUSEHOLD RECEIVING LIHEAP ASSISTANCE WILL BE TREATED ANY DIFFERENTLY BECAUSE OF SUCH ASSISTANCE UNDER APPLICABLE PROVISIONS OF STATE LAW OR PUBLIC REGULATORY REQUIREMENT; AND 4) NOT DISCRIMINATE, EITHER IN COST OF GOODS SUPPLIED OR THE SERVICES PROVIDED, AGAINST THE ELIGIBLE HOUSEHOLD ON WHOSE BEHALF PAYMENT IS MADE.

ENERGY SUPPLIER/VENDOR NAME

ADDRESS

SIGNATURE

DATE

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY MANNER. THIS VOUCHER IS VOID AFTER MAY 15, 2009, AND NO PAYMENTS WILL BE MADE FOR DELIVERY TICKETS PRESENTED FOR PAYMENT AFTER MAY 31, 2009.

AGENCY'S COPY

EXHIBIT I

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ELECTRIC, NATURAL GAS, AND PUBLIC HOUSING AUTHORITY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for _____,
Client Name
and _____ for home energy in the amount of \$ _____, for:
Account Number

Type of Assistance _____ Energy Type _____

Agency Official Signature

Date

I, THE UNDERSIGNED, AGREE TO CREDIT THE ACCOUNT OF THE ABOVE
NAMED CLIENT AND TO PROVIDE HOME ENERGY IN THE AMOUNT STATED
ABOVE. I FURTHER AGREE TO SUBMIT THIS VOUCHER FOR PAYMENT TO THE
AGENCY LISTED ABOVE.

Energy Supplier/Vendor Name

Address

City, State, Zip

Signature

Date

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY
MANNER. THIS VOUCHER IS VOID AFTER JUNE 28, 2009.

ORIGINAL

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ELECTRIC, NATURAL GAS, AND PUBLIC HOUSING AUTHORITY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for _____,
Client Name
and _____ for home energy in the amount of \$_____, for:
Account Number

Type of Assistance _____ Energy Type _____

Agency Official Signature

Date

I, THE UNDERSIGNED, AGREE TO CREDIT THE ACCOUNT OF THE ABOVE
NAMED CLIENT AND TO PROVIDE HOME ENERGY IN THE AMOUNT STATED
ABOVE. I FURTHER AGREE TO SUBMIT THIS VOUCHER FOR PAYMENT TO THE
AGENCY LISTED ABOVE.

Energy Supplier/Vendor Name

Address

City, State, Zip

Signature

Date

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY
MANNER. THIS VOUCHER IS VOID AFTER JUNE 28, 2009.

ENERGY SUPPLIER'S COPY

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ELECTRIC, NATURAL GAS, AND PUBLIC HOUSING AUTHORITY VOUCHER**

Agency Name

Address

City, State, Zip

Telephone Number

I hereby authorize payment for _____,

and _____ for home energy in the amount of \$_____, for:
Account Number

Type of Assistance _____ Energy Type _____

Agency Official Signature

Date

I, THE UNDERSIGNED, AGREE TO CREDIT THE ACCOUNT OF THE ABOVE
NAMED CLIENT AND TO PROVIDE HOME ENERGY IN THE AMOUNT STATED
ABOVE. I FURTHER AGREE TO SUBMIT THIS VOUCHER FOR PAYMENT TO THE
AGENCY LISTED ABOVE.

Energy Supplier/Vendor Name

Address

City, State, Zip

Signature

Date

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY
MANNER. THIS VOUCHER IS VOID AFTER JUNE 28, 2009.

CLIENT'S COPY

"MODEL"

Voucher No. _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ELECTRIC, NATURAL GAS, AND PUBLIC HOUSING AUTHORITY VOUCHER**

Agency Name

Address

Address

Telephone Number

I hereby authorize payment for _____,
Client Name
and _____ for home energy in the amount of \$ _____, for:
Account Number

Type of Assistance _____ Energy Type _____

Agency Official Signature

Date

I, THE UNDERSIGNED, AGREE TO CREDIT THE ACCOUNT OF THE ABOVE
NAMED CLIENT AND TO PROVIDE HOME ENERGY IN THE AMOUNT STATED
ABOVE. I FURTHER AGREE TO SUBMIT THIS VOUCHER FOR PAYMENT TO THE
AGENCY LISTED ABOVE.

Energy Supplier/Vendor Name

Address

Address

Signature

Date

THIS VOUCHER WILL BECOME VOID IF ALTERED OR CORRECTED IN ANY
MANNER. THIS VOUCHER IS VOID AFTER JUNE 28, 2009.

AGENCY'S COPY

EXHIBIT J

"SAMPLE"

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
DELIVERY TICKET**

Date of Delivery: _____

Fuel Type: _____

Amount of Fuel: _____

Price Per
Unit of
Measure: _____

Total Bill: _____

**Signature of Client or Other
Household Member**

Date

Energy Supplier Signature

Date

EXHIBIT K

Households Applying for and Receiving Assistance:

Beginning with FY 1996, the statute requires that complete LIHEAP applications **MUST** include a report for the previous year on households applying for and assisted by LIHEAP before grant awards are made.

The LIHEAP statute requires the Secretary to collect data on the number and income levels of households assisted and the following additional household data:

- Number of assisted households with at least one young child;
- Number and income levels of households applying for LIHEAP including those that may be over the income guidelines for assistance; and
- The number of assisted households with at least one or more individuals who are 60 years or older or disabled.

FY 2009 LIHEAP Household Report

Grantee Name: _____

Contact
Person: _____

Do the data below include estimated figures?
No

☐

Yes

☐

1. RECOMMENDED LONG FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS

REQUIRED DATA										
Type of LIHEAP assistance	Mark "X" for estimated data	Number of assisted households	Poverty Guideline interval, based on gross income and household size				At least one households member who is a member of the following target groups:			
			Under 75% poverty	75%-100%	101% - 125%	126%-150%	60 years or older	Disab led	Age 5 years or under	Age 2 years or under
1. Heating										
2. Cooling										
3. Winter/year round crisis										
4. Summer crisis										
5. Other crisis (specify)										
6. Weatherization										
Total										

Age 3 years through 5 years

2. RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

REQUIRED DATA							
Type of LIHEAP assistance	Mark "X" for estimated data	Number of applicant households	2006 HHS Poverty Guideline interval, based on gross income and household size				
			Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Income data unavailable
1. Heating							
2. Cooling							
3. Winter/year round crisis							
4. Summer crisis							
5. Other crisis (specify)							
6. Weatherization							
Total							

Note: Include any notes below for section 1 or 2 (indicate which section, type of assistance, and item that the note is referencing):

Instructions for Completing the *LIHEAP Household Report*

Division of Energy Assistance/OCS/ACF

Number of assisted households--Required Data

Report an unduplicated count of assisted households for each type of LIHEAP assistance provided. If a household receives more than one type of LIHEAP assistance, count that household once under each type of assistance provided to the household. If a household receives two benefits or services under the same type of assistance (e.g., two benefit checks, or one benefit check and warm blankets, under the heating assistance component), count that household only once under that type of assistance. If the same household also received a benefit or service under another type of assistance (e.g., winter crisis assistance check), also count that household once under that type of assistance.

Number of assisted households by poverty level--Required Data

Count an assisted household under the poverty level which is determined by the household's **gross annual** and the number of **household members**. Gross income is the household's income before any deductions or adjustments, such as taxes or medical costs, are made to household income. Household members represent those related and/or unrelated individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for residential energy in the form of rent.

A household's gross annual income can change during the fiscal year. If a household received two benefits or services under the same type of LIHEAP assistance, use the household's gross annual income at the time of the initial determination of benefits or services in calculating that household's poverty level for statistical reporting.

If gross income determinations are made using less than a full year's income for a household, the months of income used in making the LIHEAP income eligibility determination should be projected proportionally for 12 months to construct an annual income amount for that household. Gross income is also needed for those households that are categorically eligible for LIHEAP assistance, such as households receiving Temporary Assistance for Needy Families (TANF), SSI, Food Stamps, or certain needs-tested veterans benefits.

Number of assisted households by target groups--Required Data

Each target group requires an unduplicated count of assisted households, which have at least one member who is at the time of LIHEAP eligibility determination:

1. 60 years or older,
2. disabled (using the grantee's definition of "disabled", as the LIHEAP statute does not define the term),
3. age 5 years or under (include all children who are not yet 6 years old, that is, up to 5 years and 364 days old).

If a household has members who are 60 years or older, disabled, and age 5 or under, count that household once under each target group. A household with two or more members in the same target group should be counted once. For example: a household receiving heating assistance that includes one child 2 years old, another child 4 years old, and an elderly member who also is disabled would be counted once under each of the following target groups (required data) for the heating assistance component: 60 years or older; disabled; and age 5 or under. A household with two members who are 60 years old should be counted once under "60 years or older."

Breakout of assisted households by young children--Requested Data

The count of assisted households with at least one child 5 years or younger is **required**. Counts of assisted household with at least one child (1) who is 2 years old or under and (2) who is between 3 years through 5 years are **requested/optional** data items if the grantee elects to report the data.

Both House Report 103-483 and Senate Report 103-251 on S. 2000, the predecessor to Public Law 103-252 (the Human Services Amendments of 1994), instructed the Department to develop reporting requirements that distinguish between children under 3 years of age and those 3 through 5 years of age.

If reporting the requested data, **first** count the number of assisted households with at least one child 5 years or under for each type of LIHEAP assistance provided. Using the count of assisted households with at least one child 5 years or younger, **then** count the number of those assisted households with at least one child (1) who is 2 years old or under and (2) who is between 3 years through 5 years old.

The sum of the number of households with at least one child 2 years or under and the number of households with at least one child 3 years through 5 years **must be greater** than the number of households with at least one child 5 years or under. This reflects the fact that a household may have one child that falls under the age group of 2 years or under and another child that falls in the age group of 3 years through 5 years.

EXHIBIT L

REQUEST FOR LOCAL LEVEL HEARING

I, _____, whose
 address is _____
 APPELLANT'S NAME

hereby request a hearing at the Department of Human Services' level through the "Right to Appeal Process" because:

- ☐ I was not provided the opportunity to submit an application; or
- ☐ I was denied energy assistance (for reasons other than a lack of funding); or
- ☐ I did not receive notification concerning the status of my application request by the local agency within the required 90-day time period; or
- ☐ I am dissatisfied with the assistance or service; or
- ☐ Other: _____

 Signature of Appellant or Representative

 Date*

**Requests for a Hearing must be made within 30 days of denial or receipt of assistance or services.*

FOR AGENCY USE ONLY

 Date Appeal Received

 Received By

Local Agency Hearing Information:

 Date

 Place

 Time

 Address

 Telephone

 City/County

Disposition: _____ Assistance Approved in the Amount of \$ _____

_____ Assistance Denied-Reason: _____

Date Appellant notified of action taken: _____

Signatures:

 Board Chair or Hearing Officer

 Date

REQUEST FOR DEPARTMENTAL LEVEL HEARING

I, _____, whose
APPELLANT'S NAME
address is _____

hereby request a hearing at the Department of Human Services' level through the "Right to Appeal Process" because:

- ☐ I was not provided the opportunity to submit an application; or
- ☐ I was denied energy assistance (for reasons other than a lack of funding); or
- ☐ I did not receive notification concerning the status of my application request by the local agency within the required 90-day time period; or
- ☐ I am dissatisfied with the assistance or service; or
- ☐ Other: _____

Date my hearing at the local agency was held: _____

The decision at the local level was: _____

Date I was notified of the hearing outcome: _____

(Please attach the letter or other documentation that you received from the local agency. Appeals must be filed within 30 days of the disposition at the local level.)

Signature of Appellant or Representative

Date

Please mail this form to: Regina Surber, Director
Community Services
Tennessee Department of Human Services
400 Deaderick Street 14th Floor
Nashville, TN 37248

A staff person from the Department's Hearing & Appeals office will contact you regarding the date for your hearing.

FOR DEPARTMENT USE ONLY

Date Appeal Received

Received By

Date hearing request was forwarded to Hearing & Appeals section: _____

Regina Surber, Director
Community Services

Date

EXHIBIT M

"SAMPLE"

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
POLICY OR PROCEDURE INQUIRY**

Policy/Procedure Topic:

Related to State Plan Section:

Description of Situation:

Question:

Signed: _____ Date: _____

Position: _____

Agency: _____

Answer:

Signed: _____ Date: _____

Position: _____ DHS Section: _____

EXHIBIT N

"MODEL"

**REPORT ON ALLEGED
UNDISCLOSED APPLICANT AND CLIENT INCOME**

<u>Date of Contact</u>	<u>Name and Address of Applicant or Client</u>	<u>Source and Amount of Alleged Undisclosed Income</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Signature of LIHEAP Coordinator

Date

EXHIBIT 0

Sec.

71-5-401. Powers and duties of department of human services.

71-5-402. Report on eligible households — Budget — Legislative intent.

71-5-403. Veterans education benefits.

71-5-401. Powers and duties of department of human services.

Unless prohibited by federal law or regulation in adopting standards and procedures for the administration of funds received under the federal low-income energy assistance program, the department of energy weatherization program, funds from any oil overcharge settlement designated for energy assistance or weatherization, and any other funds for energy assistance or energy conservation for residential units, the department of human services shall:

- (1)** Allocate funds governed by this part for the benefit of eligible individuals as follows:
 - (A)** All funds designated for weatherization to the residential weatherization program
 - (B)** All funds received under the low-income energy assistance program, and any funds from oil overcharge settlements designated for energy programs as follows:
 - (i)** No less than ten percent (10%) shall be allocated to residential weatherization; and
 - (ii)** The remainder to energy assistance grants and payments, weatherization, or other programs allowed by federal law in such amounts as authorized by the annual state appropriations act;
- (2)** Establish a process of referral and follow-up of recipients of energy assistance to weatherization assistance programs and energy audit programs conducted by energy suppliers for review of energy conservation needs;
- (3)** Promulgate by rule or regulation eligibility and benefit levels that provide that households with the highest energy need in relation to income will receive the greatest assistance. Such households shall also receive priority in references and follow-up assistance in weatherization;
- (4)** Make available for advance payment federal funds in an amount needed to operate the program to locally administering agencies if any, for one (1) month or make such advances of state funds as may be allocated to the social service agency revolving fund by the annual appropriations act;
- (5)** Establish a program of outreach to inform potentially eligible households of the energy assistance and weatherization programs and to assist those households in completing the application;

- (6) Promulgate by rule or regulation an application process that provides an opportunity to apply in writing to all individuals and an application form that includes only that information minimally necessary to determine eligibility, including streamlined applications for categorically eligible persons;
- (7) Establish procedures that will, to the maximum extent feasible, provide for the expenditure of all program funds and minimize rollover funds;
- (8) Count as income any utility allowance received or credited to any eligible client living in publicly assisted housing;
- (9) Not allocate any funds under this part to any newly established community action agency or program in a county having a population of less than fifty thousand (50,000) unless the human resource agency for that county declines to administer the energy assistance or weatherization programs under this part; and
- (10) Establish procedures and criteria for eligibility for emergency energy assistance programs, which shall include payment for eligible households of fuel costs upon the receipt of an official shutoff notice from any energy supplier, which emergency assistance shall be available prior to the date and time of any actual shutoff, if the request for assistance is made at least twenty-four (24) hours in advance, excluding Saturday, Sunday and holidays.

Acts 1984, ch. 852, § 1; T.C.A., § 14-21-101

I-5-402. Report on eligible households — Budget — Legislative intent. —

Until the needs of all potentially eligible households have been met, the commissioner of human services shall report annually on October 1, the number of households who would receive energy assistance payments and weatherization assistance if no transfers were made to other block grants. The commissioner of finance and administration shall take into account these needs in developing any proposed budget plan, it being the legislative intent that, to the maximum extent feasible, funds received for low-income energy assistance and weatherization go to that purpose.

ts 1984, ch. 852, § 2; T.C.A., § 14-21-102.]

71-5-403. Veterans education benefits

Notwithstanding any other provision of this chapter, to the extent permitted by federal law, the value of federal veterans education benefits received by an applicant shall not be included as any form of income when making eligibility determinations for assistance under this part.

[Acts 2003, ch. 239, § 8.]

RULES OF TENNESSEE DEPARTMENT OF HUMAN SERVICES COMMUNITY AND FIELD SERVICES DIVISION

CHAPTER 1240-7-1

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

TABLE OF CONTENTS

1240-7-1-.01 Definitions 1240-7-1-.05 Benefit Levels
1240-7-1-.02 Eligibility Requirements 1240-7-1-.06 Weatherization
1240-7-1-.03 Application Process 1240-7-1-.07 Right to Appeal
1240-7-1-.04 Ineligible Households

1240-7-1-.01 DEFINITIONS. For purposes of this chapter and for the administration of the LIEAP Program, the following definitions shall apply:

(1) *Administrative Appeal.* An appeal to the local contracting agency for a hearing, which may be requested by an applicant who is dissatisfied with the disposition of his/her application for LIEAP assistance, except when the application is denied due to a lack of funds available.

(2) *Department.* Tennessee Department of Human Services.

(3) *Elderly.* An individual who is 60 years of age or older.

(4) *Handicapped.* Any person who has a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

(5) *Home Delivered Energy Supplier.* Energy suppliers who deliver coal, wood, fuel oil, kerosene, and L.P. gas to households.

(6) *Home Energy.* A source of heating or cooling in residential dwellings.

(7) *Household.* Any individual or group of individuals living together as one economic unit and responsible for their residential home energy.

(8) *Household Income.* Total annual cash receipts before taxes from all sources; money wages and salaries before any deductions; net receipts from nonfarm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veteran's payments, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employment pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings. Also, Black Lung benefits will be considered income, except for the first twenty dollars of each monthly benefits.

Specifically, excluded from income are utility allowances provided to public housing and Section 8 tenants; capital gains, any assets drawn down as withdrawals from a bank, sales of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied nonfarm or farm housing, and such Federal noncash benefit programs as Medicare, Food Stamps, school lunches, and housing assistance. The earnings of a child under fourteen years of age; payments to Vista volunteers; income received under Title V of the Older Americans Act; direct benefits received by participants in the Foster Grandparents Program; and the value of child care services paid by the Department of Human Services and received by client households are also excluded from income. Finally, no assets test will be used to determine income eligibility.

(9) *LIEAP*. Created by the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35), as amended; the Low Income Energy Assistance Program is designed to provide assistance to offset the high rise in energy costs to eligible low income households.

(10) *Local Contract Agency*. Any local public or private non-profit agency which receives funds for the Low Income Home Energy Assistance Program under contract with the Tennessee Department of Human Services.

(11) *Owners*. Households who own or are purchasing their dwelling unit and who are responsible for their own energy costs and are making direct payments to home energy suppliers for energy.

(12) *Prioritization*. A system used by the contract agency to ensure that the lowest of income household receives assistance first.

(13) *Poverty Level*. Households whose incomes are at or below the 125% of the current poverty guidelines established by the US Office of Management and Budget.

(14) *Renters*. Households who are renting their dwelling and who are responsible for paying their own energy costs to home energy suppliers or for making payments for actual energy consumption as an undesignated portion of their rent. The household may live in a single dwelling unit or multi-family unit.

(15) *State Plan*. Document issued each fiscal year of operation by the Department of Human Services which includes the policies and procedures for the administration of the Low Income Energy Assistance Program.

(16) *Tenants*. Households who reside in public housing units or subsidized housing.

(17) *Weatherization*. Making home repairs and energy saving improvements for households to minimize heat loss and improve thermal efficiency. Components include repairs to stop heat loss through air infiltration; and the installation of a balanced combination of energy saving home improvements, including attic and floor insulation and storm windows.

Authority: TCA §§4-5-202; 71-1-105; 71-1-105(12); 71-5-401 et seq.; Public Acts of 1984; Chapter 852; 42 USC §8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed January 9, 1990; effective May 1, 1990. Amendment filed July 26, 2000; effective October 9, 2000.

1240-7-1-.02 ELIGIBILITY REQUIREMENTS. To be eligible for assistance under the Low Income Energy Assistance Program as administered by the Department of Human Services, the following requirements must be met.

(1) *General Eligibility Requirements*. To be eligible, all applicants must meet the following requirements:

(a) *Residency*. The applicant must be a current resident of the State of Tennessee.

(b) *Income*. The applicant's household's total gross income must not exceed 125% of the poverty income guideline for a household of the same size, as established by the Federal Office of Management and Budget. The applicant must provide proper documentation to verify household income.

(c) *Responsible Party*. The applicant must provide the name of the household's home energy supplier and the household's account number with said supplier, or satisfactory documentation of actual energy consumption.

(d) *Providing Information*. The applicant must provide all relevant information within his/her knowledge regarding the household's energy needs, consumption, and supplier as requested by the Department.

(e) *Disconnected Utilities*. Assistance to emergency heating applicants with disconnected utility service resulting from past due bills is prohibited, unless the LIEAP assistance in combination with other resources will provide for the reconnection of the utility service.

(f) *Level of Assistance*. Applicants may only receive heating assistance (i.e., regular or emergency heating assistance), and summer crisis intervention assistance on a one-time basis during any fiscal year which shall begin on July 1 and end on the following June 30.

(2) *Special Eligibility Requirements For Summer Crisis Intervention Assistance And Emergency Heating Assistance*. In addition to the general eligibility requirements, applicants for summer crisis intervention assistance and emergency heating assistance must meet the special eligibility requirements established in the LIEAP State Plan. These requirements are subject to change based on revisions in applicable federal regulations, federal funding levels, and comments received during annual public hearings.

Authority : TCA §§4-5-202; 71-1-105; 71-1-105(12); 71-5-401; Public Acts of 1984; Chapter 852; 42 USC §8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed September 19, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990. Amendment filed July 26, 2000; effective October 9, 2000.

1240-7-1-.03 APPLICATION PROCESS. All individuals wishing to do so shall be allowed to apply in writing for benefits and/or Weatherization assistance. A written application, on a form provided by the Department, must be completed by the applicant prior to a determination of eligibility. The policies and procedures for application intake, including the dates during which applications are received, are included in the LIEAP State Plan. These policies and procedures are subject to change based on revisions in applicable federal regulations, federal funding levels, and comments received during public hearings.

Authority: TCA §§14-1-105, 14-21-101, 71-1-105(12), and 71-21-101; Public Acts of 1984, Chapter 852; 42 USC §8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed September 19, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990.

1240-7-1-.04 INELIGIBLE HOUSEHOLDS. The following households/individuals are not eligible for LIEAP assistance:

- (1) SSI recipients living in "congregate" care or "domiciliary" care facilities or foster care placements who receive SSI state supplements which correspond to these living arrangements;
- (2) Individuals In Public Or Private Institutions Whose Living Costs Are Subsidized By State Or Local Government. Examples of such individuals include, but are not limited to:
 - (a) Residents of vocational education facilities whose living costs are subsidized; and
 - (b) Persons in nursing homes or medical institutions for whom Medicaid pays over 50% of costs.
- (3) Residents of Group Living Facilities.

Authority: TCA §14-1-105; Public Acts of 1984, Chapter 852; 42 USC §§8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed September 19, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990.

1240-7-1-.05 BENEFIT LEVELS. Benefit levels shall be based upon four (4) factors - total household income; energy burden (i.e., percent of household income expended for home energy costs); number of household members; and presence of vulnerable household members (i.e., frail elderly, disabled and infants). The policies and procedures concerned with benefit levels are included in the LIHEAP State Plan. These policies and procedures are subject to change based on revisions in applicable federal regulations, federal funding levels, and comments received during annual public hearings.

Authority: TCA §§4-5-202; 71-1-105; 71-1-105(12); 71-5-401; Public Acts of 1984; Chapter 852; 42 USC §8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed September 19, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990.

Amendment filed July 26, 2000; effective October 9, 2000.

1240-7-1-.06 WEATHERIZATION.

(1) Local contract agencies are required to refer LIEAP applicants to the Department's Weatherization Assistance Program (WAP) if they indicate an interest in and willingness to apply for WAP assistance.

(2) All LIEAP referrals to the WAP must be made in accordance with the Department's policies.

Authority: TCA §§14-1-105, 14-21-101, 71-1-105, and 71-21-101; Public Acts of 1984, Chapter 852; 42 USC §§8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984. Amendment filed September 19, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990.

1240-7-1-.07 RIGHT TO APPEAL.

(1) Any applicant who feels he/she has been aggrieved by a decision of the Department or of a local contracting agency may file an administrative appeal with the local contracting agency, provided, however, that an applicant may not appeal if the application is denied due to a lack of funds available.

(2) Each local contracting agency shall establish procedures for granting administrative appeals and conducting hearings pursuant to this section. An applicant shall follow such procedures in pursuing his/her appeal.

(3) If the applicant is not satisfied with the decision of the local contracting agency following the administrative appeal, or is denied an administrative appeal pursuant to paragraph (1), he/she may appeal to the Department for a fair hearing in accordance with Chapter 1240-5-3.

Authority: TCA §14-1-105; Public Acts of 1984, Chapter 852; 42 USC §§8621 et seq. **Administrative History:** Original rule filed October 17, 1984; effective November 16, 1984.

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RULES OF TENNESSEE DEPARTMENT OF HUMAN SERVICES COMMUNITY AND FIELD SERVICES DIVISION

CHAPTER 1240-7-2

WEATHERIZATION ASSISTANCE PROGRAM

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1240-7-2-.02 Benefit Levels 1240-7-2-.04 Additional Program Requirements

1240-7-2-.01 ELIGIBILITY REQUIREMENTS. To be eligible for assistance under the Weatherization Assistance Program (WAP) as administered by the Department of Human Services, the following requirements must be met:

(1) Residency. The applicant must be a current resident of the State of Tennessee.

(2) Income. The household's income must not exceed 125% of the poverty income guidelines as established by the Federal Office of Management and Budget, or the household contains a member who has received cash assistance payments under Tennessee's Families First Program or the Supplemental Security Income (SSI) Program during the current or previous month relative to eligibility determination.

(3) Dwelling Unit. A building containing more than four dwelling units will not be eligible for weatherization assistance due to the limited funds available.

(a) Before a two, three, or four-unit building can be weatherized, as least fifty percent (50%) of the dwelling units must be eligible dwelling units or will become eligible units within 180 days under a federal, state, or local government program for rehabilitating or making similar improvements to the building.

(b) Before any rental dwelling unit can be weatherized, the written permission of the owner or his agent must be obtained.

Authority: TCA §§4-5-202; 71-1-105; 71-1-105(12); 71-5-401; 42 USC §6851 et seq.

Administrative History: Original rule filed September 30, 1985; effective December 14, 1985. Amendment filed July 26, 2000; effective October 9, 2000.

1240-7-2-.02 BENEFIT LEVELS.

(1) Benefit levels shall be determined by the following:

(a) Recommendations of weatherization measures contained in energy survey reports prepared by the State certified staff of local contract agencies, or by eligible contractors employed by local contract agencies through a competitive bidding system;

(b) Priority weatherization measures identified in the WAP State Plan prepared by the Department of Human Services for each fiscal year of operation; and

(c) The maximum benefit levels identified in the WAP State Plan prepared by the Department of Human Services for each fiscal year of operation.

WEATHERIZATION ASSISTANCE PROGRAM CHAPTER 1240-7-2

(Rule 1240-7-2-.02, continued)

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(2) Priority will be given to identifying and providing weatherization assistance to elderly and handicapped low income persons, single-family dwelling units, and other high energy consuming dwelling units according to the Priority Points System included in the WAP State Plan prepared by the Department of Human Services for each fiscal year of operation.

Authority: TCA §§4-5-202; 71-1-105; 71-1-105(12); 71-5-401; 42 USC §6851 et seq.

Administrative History: Original rule filed September 30, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990. Amendment filed July 26, 2000; effective October 9, 2000.

1240-7-2-.03 APPLICATION PROCESS. All individuals wishing to do so shall be allowed to apply in writing for weatherization assistance under the program. A written application must be completed by the applicant prior to a determination of eligibility. Only that information minimally necessary to determine eligibility will be required on the application.

Authority: TCA §§14-1-105, 14-21-101; 42 USC §§6851 et seq. **Administrative History:** Original rule filed September 30, 1985; effective December 14, 1985.

1240-7-2-.04 ADDITIONAL PROGRAM REQUIREMENTS.

(1) The Department of Human Services' WAP contracting agencies are responsible for conducting outreach activities, application intake, eligibility determination, notification in writing of actions taken on all applications, prioritization of eligible applicants, protection of client records, and assisting in the investigation of program fraud or abuse.

(2) Each agency's Board of Directors is responsible for establishing in writing a process for client appeals. The agency is responsible for including information concerning this process in all client notification letters. An appeal to the agency will not interfere with the client's right to request and receive a fair hearing, pursuant to Chapter 1240-5-1.

(3) Contracting agencies are responsible for adhering to each county's allocation of WAP funds by weatherizing a proportional number of units within each county of its service area in relation to its total agency WAP allocation.

(4) Financial assistance provided through the WAP will be used to supplement, and not supplant, state or local funds and to the maximum extent practicable as determined by the Department of Energy to increase the amounts of these funds that would be made available in the absence of federal funds provided under WAP.

(5) To the maximum extent practicable, contracting agencies will secure the services of volunteers, training participants, and public service employment workers, pursuant to the Job Training Partnership Act, to work under the supervision of qualified supervisors and foremen.

(6) To the maximum extent practicable, the use of weatherization assistance shall be coordinated with other federal, state, local, or privately funded programs in order to improve energy efficiently and to conserve energy.

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(Rule 1240-7-2-.04, continued)

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(7) The low income members of an Indian tribe shall receive benefits equivalent to the assistance provided to other low income persons within Tennessee.

(8) No dwelling unit may be reported to the Department of Human Services as completed until a state certified local contract agency representative, or eligible private contractor employed by a local contract agency, has performed a final inspection and certified that all applicable work has been completed in a workmanlike manner and in accordance with the survey policies and procedures identified in the WAP State Plan. All work must pass inspection before payment is made by local contract agencies to private weatherization contractors. The Department of Human Services will not reimburse local contract agencies for any work which has not passed a final inspection.

(9) All local contract agencies are responsible for adhering to the procedures and policies contained in the WAP State Plan for the administration of the program. The policies and procedures in the WAP State Plan are subject to change based on revisions in applicable federal regulations, changes in federal funding levels, and comments received during annual public hearings.

Authority: TCA §§4-5-202, 71-1-105; 71-1-105(12), 71-5-401 and 42 USC §6851 et seq.
Administrative History: Original rule filed September 30, 1985; effective December 14, 1985. Amendment filed January 9, 1990; effective May 1, 1990. Amendment filed July 26, 2000; effective October 9, 2000.

EXHIBIT P

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
SUBRECIPIENT REVIEW GUIDE
STATE FISCAL YEAR 2008-2009
(subject to be update annually)

Subrecipient: _____

Grant Agreement Number: Z-_____

Address: _____

Telephone Number: _____

Type: ___ Non-profit ___ Local government

Board Chairperson: _____

Program Director: _____

Date(s) of On-Site Review: _____

Reporting Period Reviewed: _____

Signature of Lead Monitor: _____

Staff Interviewed: _____

Exit Conference Date: _____

REVIEW ITEM	Y	N	N/A	COMMENTS
A. PRELIMINARY STEPS				
1. Does staff have a copy of Grant Agreement for current year on file?				
2. Has staff reviewed Grant Agreement?				
3. Does staff have a full understanding of subrecipient responsibilities under Grant Agreement?				
4. Does staff have a copy of the current LIHEAP State Policies and Procedures Plan?				
5. Does staff have a full understanding of subrecipient responsibilities under the LIHEAP State Policies and Procedures Plan?				
6. Is the sign posted for the Comptroller's				

Hotline Number (Waste, Fraud and Abuse Complaints)?				
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B. CIVIL RIGHTS				
1. Does the subrecipient appear to serve customers regardless of race, color, national origin, age, sex, or handicap?				
2. Is their program information available to the public?				
3. Do program related materials provided to the public include a non-discrimination statement and complaint procedures?				
4. Is multi-lingual information needed?				
5. Is multi-lingual information provided?				
6. Does the subrecipient have procedures for handling complaints?				
7. Has the subrecipient received any discrimination complaints?				
8. If any complaints have been received, has any action been taken?				
9. Is racial/ethnic data maintained on file?				
10. Has civil rights training been conducted for the staff? Identify date of last training.				
11. Does subrecipient appear to be in compliance with requirements of the Civil Rights Act of 1964?				
12. Has the agency developed a written Sub-recipient Title VI Plan as required by the Department?				
13. Has this plan been reviewed with all staff and volunteers?				
14. Has a copy of the written plan been submitted to the Department?				
15. Has the agency designated a staff				

person as the Title VI Coordinator to be responsible for compliance with regulations at their agency?				
C. HIPAA COMPLIANCE	Y	N	N/A	COMMENTS
1. Does subrecipient maintain a copy of BAA in Agency file?				
2. Does subrecipient conduct annual training for all staff?				

D. APPLICATION INTAKE/ELIGIBILITY	Y	N	N/A	COMMENTS
1. Are applications for assistance being received within time frames designated by DHS?				
2. Are annual household incomes for customer applications being correctly determined?				
3. Is documentation of uncontrollable circumstances being obtained for emergency applications?				
4. Are federal income eligibility guidelines being observed in determining customer eligibility?				
5. Is the Priority Points System being utilized to correctly rank applications and determine benefit levels?				
6. Are LIHEAP applicants who are interested in weatherization assistance being referred to the WAP?				
7. Does it appear that regular heating applicants are being notified of their approval or denial for assistance in a timely manner?				
8. Are medical statements being secured, as appropriate, for customers? (took out				

“for summer cooling”)				
9. If a second party signs a customer application or other required form, is there documentation of the relationship between the customer and the second party, and of the circumstances that required the second party to complete and/or sign the application or other required forms?				

	Y	N	N/A	COMMENTS
E. PAYMENT OF CUSTOMER BENEFITS				
1. Are emergency benefits being provided within the required time frame established by the LIHEAP State Policies and Procedures Plan?				
2. Are benefit check/voucher agreements in place for those energy suppliers that are receiving payments?				
3. Have any complaints been received from energy suppliers regarding the timely issuance of customer benefit payments?				
4. If yes, what action has the subrecipient taken to address the complaints?				

F. SUBRECIPIENT MONITORING				
1. Are required monitoring functions being performed by subrecipient staff?				
2. Have any customers identified problems with the energy suppliers who served them under the program?				
3. If problems with energy suppliers have				

been identified, has any action to correct the problems been taken? If yes, what action was taken?				
G. MAINTENANCE OF RECORDS				
1. Are procedures in place to safeguard the confidentiality of employee and customer application records and to ensure that only authorized personnel have access to the records?				
2. Are all LIHEAP program and fiscal records for each state contract year maintained for three full years after the final payment is made by the DHS?				

	Y	N	N/A	COMMENTS
H. DRUG-FREE WORKPLACE				
1. Has the subrecipient publicly posted the requirement for a drug-free workplace and informed its staff of this requirement?				

I. STRUCTURE/FISCAL ISSUES	Y	N	N/A	COMMENTS
1. Have there been any changes in the administrative structure or operations of your LIHEAP during the past year?				
2. Have there been any staff turnovers in key positions? Identify position(s) and reason(s) for turnover.				
3. Does subrecipient have a copy of the Accounting and Financial Reporting Manual for Not-For-Profit Recipients of Grant Funds in Tennessee?				

I. STRUCTURE/FISCAL ISSUES (cont.)	Y	N	N/A	COMMENTS
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6. Is a Total Operational Budget on file? Review the budget for overview of subrecipient operations.				
7. Is there any outstanding debt to the state or federal governments resulting from prior audits or monitoring reviews?				

	Y	N	N/A	COMMENTS
J. REVIEW OF ACCOUNTING SYSTEM				
1. Is there a cash receipts journal?				
2. Is there a cash disbursement journal?				
3. Is there a general ledger?				
4. Is documentation adequate to provide an audit trail to/from original source documentation to the books of account?				
5. Is the general ledger maintained in a manner that provides ease in the preparation of required reports?				
6. Are revenues and expenditures properly classified in the books of account?				
7. If not properly classified, are reports linked to the books by worksheets?				
8. Are bank records reconciled monthly?				
9. Are internal control procedures documented? i.e., separation of duties, approvals, etc.				
10. Is there an approved cost allocation plan for allocating indirect cost to the LIHEAP?				
11. Does the allocation plan appear appropriate?				
12. Review recent financial statements to evaluate the financial stability of the subrecipient.				
13. Summarize the accounting methods				

observed.				
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K. CLAIMING PROCEDURES	Y	N	N/A	COMMENTS
1. Based on a test sample, are claims being submitted in a timely manner?				
2. Based on a test sample, are costs being reported for the correct claiming period?				

L. VENDOR PAYMENTS	Y	N	N/A	COMMENTS
1. Is there approval for payment of invoices prior to payment actually being made?				
2. Is the approval evidenced by an initial on the face of the invoice?				
3. Are invoices canceled when paid?				
4. Are invoices coded with account codes to facilitate tracing through the accounting records?				
5. Are payments ever made based on a statement of account?				
6. Are documents supporting payments filed in a manner to be readily available?				
7. Are purchase orders utilized?				
8. If purchase orders are utilized, are expenditures supported by approved purchase orders?				
9. Are all contracts, including contracts for food services in writing?				

M. TRAVEL	Y	N	N/A	COMMENTS
1. Are travel expenditures charged to LIHEAP funds supported by a travel claim?				
2. What is the rate utilized to reimbursed mileage?				

N. TIME AND ATTENDANCE RECORDS	Y	N	N/A	COMMENTS
1. Are salaries/wages supported by time and attendance records?				
2. Do all leave and fringe benefit payments appear to be in compliance with state and federal requirements?				
3. Based on a test sample, is the subrecipient in compliance with the Finance and Administration Policy 03, "Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies"?				
4. Based on a test sample, are costs applied consistently and in conformance with generally accepted accounting principles?				
5. Based on a test sample, are costs charged to the LIHEAP net of applicable credits?				
6. Based on a test sample, are costs supported by adequate documentation, such as vendor invoices, canceled checks, time and attendance records, etc.?				
7. Based on a test sample, do costs charged to the LIHEAP represent actual and not projected amounts?				

O. PROGRAM INCOME	Y	N	N/A	COMMENTS
1. Based on a test sample, has any program income been received and recorded properly?				
2. Has any LIHEAP reported costs been				

adjusted for program income?				
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	Y	N	N/A	COMMENTS
P. EQUIPMENT				
1. Has any equipment costs been charged to the LIHEAP?				
2. Has a depreciation schedule been established and utilized for equipment costs charged to LIHEAP funds?				
3. Is equipment concerned with LIHEAP funding available for inspection?				
4. Is there an inventory system in place for the equipment charged to LIHEAP funds? Identify staff responsible for completing inventory				

Q. PROCUREMENT				
Based on a test sample, were procurements, including contracts with Food Service Management Companies, made in compliance with provisions of A-102 Common Rule and OMB Circular A-110?				
2. Based on a test sample, do the sub-recipient's procurement policies meet minimum requirements of state and/or federal guidelines?				
3. Do the subrecipient's procurement policies provide for full and open competition?				
4. Based on a test sample, are any procedures being made with any parties identified on the List of Parties Excluded from Federal Procurement or Nonprocurement Programs issued by the				

General Services Administration?				
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R. SPECIFIC TESTS				
1. Based on a test sample, are correct benefit levels being observed in payments to energy suppliers?				
2. Review written policy and procedures regarding the provision of interpreter/translator services for clients who have limited or no English skills.				
2a) Is information regarding the free provision of these translation/interpreter services posted in a conspicuous place and available for clients to see?				
2b) Is this information posted in a language other than English, and, if so, which language (s)?				
3. Review policy and procedures regarding how clients are informed of their Title VI rights.				
3a) Is such information available in a language other than English, and, if so, which language (s)?				
4. Are employees trained annually regarding Title VI provisions and serving clients with Limited English Proficiency (LEP)?				
5. Are new employees trained regarding Title VI provisions and serving clients with LEP during their orientation?				
6. Has new staff received orientation on HIPAA compliance?				
7. Are employees trained annually on HIPAA compliance?				

EXHIBIT Q

WEATHERIZATION ASSISTANCE PROGRAM BIDDING PROCEDURES FOR CONTRACTING WEATHERIZATION WORK

Purpose

To ensure quality work for the least cost for weatherization projects by making provision for all eligible contractors to bid at each bidding session.

Selection of Eligible Contractor Pool

(a) A subgrantee must publicly advertise that the weatherization of eligible dwelling units will be open to bid when it has been awarded the WAP grant. Every effort must be made to attract the maximum number of interested contractors by observing the following procedures.

- (1) At the beginning of each fiscal year, a meeting must be held with prospective contractors responding to the advertisement to introduce program requirements, contracting procedures, and what is expected of the contractors.
- (2) The fact that weatherization work will be awarded should be publicly posted throughout the year to give new contractors the opportunity to qualify. A summary of program requirements, contracting procedures, and expectations of contractors should be given to all responders.
- (3) Each subgrantee must allow eligible new contractors to enter the eligible contractor pool at intervals no longer than six (6) months.

(b) Prospective contractors must meet eligibility requirements by furnishing:

- (1) A copy of a State issued "Home Improvement License", if the work is to be performed in a county in which the County Commission has adopted the Tennessee Home Improvement License Law by a two-thirds majority vote, and the value of the work under a single contract is from \$3,000 to \$25,000; or
- (2) A copy of a State issued "General Contractor License", if the total work to be performed under a single contract is greater than \$25,000; or
- (3) Bank credit references, supplier references, and copies of all required insurance policies and city and county licenses when the above eligibility requirements are not applicable. Subgrantees are required to maintain documentation regarding these eligibility requirements for private contractors who are awarded WAP work.

- (c) Delisting of Contractors: If the criteria used to establish a contractor as eligible changes (due to license cancellation, poor work, etc.), the contractor must be declared to be ineligible to bid on future units until such time as eligibility is re-established. Delisting and re-establishment of eligibility must be documented. Delisting procedures must be established in writing by all agencies and included in the Standard State Agreement as "Attachment B" ("Weatherization Contractors' Policies and Procedures").
- (d) Based on qualification procedures, a list of eligible contractors must be developed and constantly updated. Bid opportunities must be given only to those contractors declared eligible.

Methods Available for Agencies to Use in Soliciting Bids

(a) Individual Bids:

- (1) A copy of each weatherization unit, based on the energy survey, should be given to each eligible contractor.
- (2) The contractors should visit the sites and submit a bid in the appropriate format. Bids may be offered in "blocks" up to a maximum of ten (10) units.
- (3) The low qualified bidder on a single unit or a "block" of up to a maximum of ten (10) units will be awarded the contract.
- (4) The failure of a contractor to bid should be determined and documented.

(b) When a subgrantee has several eligible contractors and multiple projects to be weatherized so that individual bids are not feasible, the subgrantee may elect to use a rotating bid system by using the following guidelines:

- (1) Determine the number of weatherization units.
- (2) Determine the number of eligible contractors.
- (3) Divide the number of contractors into groups of 3 or 4. For example, if there are 28 eligible contractors, there would be 7 groups of bidders.
- (4) The number of weatherization units would then be divided among the groups of contractors. For example, if there are 7 groups of contractors and 21 weatherization units, there would be 7 groups of 3 weatherization units.
- (5) The groups of weatherization units will be assigned to the contractors randomly. The fairness of their selection for particular bid packages will be documented by the use of a "random number table". A contractor who uses this method will be furnished a random number table and assistance in its use from the Department.

- (6) The matching of contractors with bid packages would work in this manner: If there is a list of names with 28 eligible contractors, the first 4 would be selected by the use of the random number table and assigned to group #1 of 3 units as in the example in item #4. The next 4 would be assigned group #2 of 3 units and so forth. The contractors would then submit their bids on the units assigned to them, and the low bidder on each unit would be given the contract.
- (7) No-Bids by eligible contractors should always be determined and documented.
- (c) In addition, a subgrantee may accept and award bids using a "modified blanket bid process". A "blanket bid" is defined as a bid by components on weatherization work allowable under the program. Under this process, a subgrantee may accept bids based on a "model" unit to be weatherized with all allowable measures. The acceptance and awarding of bids under this option must occur at intervals no longer than six (6) months.
- (d) The low bidder shall be determined by matching the allowable components specified by the energy survey with the file of component bids submitted by contractors. Bids will be awarded based on the overall low bid thus generated for each single unit or block of units up to a maximum of ten (10) units.

Bid Packages and "Walk Throughs"

Regardless of the bidding method utilized, all contractors are required to bid on all weatherization measures and units that are identified in each bid package in which the contractors participate. Also, all completed survey and bid forms must number the weatherization measures in priority order. Copies of the survey and bid forms are to be provided to those qualified contractors that request to bid on the units affected.

In addition, agencies may have "walk-throughs" with participating contractors, before bids are received, to identify needed measures that may not be listed on the surveys for the units affected.

Reducing Bids in Excess of the Expenditure Limit

It is often the case that bids are in excess of the maximum amount that can be expended per unit for labor and materials. In these instances, components of the bids must be considered according to their established priority. Contractors should be made aware of the limit imposed and of the priority of the weatherization measures. In those cases where the bids must be reduced to bring the bids in line with the per unit expenditure limit, the low bid should consist of amounts that are bid for actual work to be done and work actually anticipated in light of building conditions. The objective is to prevent contractors from being the "low bidder" by intentionally bidding low on components with low priority.

Bid Openings

- a. A time and place should be set for opening and awarding bids. A minimum of two agency representatives must be present at the bid opening: (1) Director or their designee, and (2) Board Member;
- (b) Contractors should be invited to attend and observe the bid openings.
- (c) Bidding procedures require sealed bids and official bid openings and must be open to the public.
- (d) Bids must never be altered or defaced. If bids must be changed, in accordance with item C, an adjustment sheet or a copy of the original bid must be used to make the changes.
- (e) Bid Tabulation Sheet must be dated and signed by the agency representatives
- (f) All bids must be signed by the contractor.
- (g) Documentation should be included in each client's file explaining why high or tie bids were awarded to the contractor.

Copies of all bids, contractor licenses, and the bid tabulation sheet must be maintained on file and available for Departmental review.

A file on each Contractor performing Weatherization work must be maintained at the agency which, at a minimum, must contain:

- Company name
- Name of owner(s)
- Mailing address of company
- Physical address of company
- Telephone number
- Copy of contractor license
- Documentation of liability and POI insurance

Contract Awards

Subgrantees will execute separate contracts with each contractor who is awarded WAP work after each bid opening. The standard contract form, including Attachment A documents, which is contained in this section will be used for all contracted work.

EXHIBIT R



MEDIA ADVISORY

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

FOR IMMEDIATE RELEASE

CONTACT: REGINA SURBER
PHONE: (615) 313-4759

FEBRUARY 4, 2008

PUBLIC HEARING SET FOR STATE'S COMMUNITY SERVICES BLOCK GRANT, LOW INCOME HOME ENERGY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTANCE PROGRAM

WHAT: The Tennessee Department of Human Services will conduct a public hearing on the 2008-2009 State Plans for its Community Services Block Grant (CSBG), Low Income Home Energy Assistance Program (LIHEAP), and Weatherization Assistance Program (WAP). The Community Services Block Grant Program assists low-income individuals and families with emergency services, job development, adult education, and other self-sufficiency programs. The Low Income Home Energy Assistance Program assists low income households in meeting their home energy needs. Benefits include assistance for heating and cooling costs. The Weatherization Assistance Program assists low income households with weatherizing their homes to decrease their energy bills. Benefits include the installation of insulation and other energy saving procedures.

WHEN: Tuesday, February 19, 2008
9:00 A.M

WHERE: Citizens Plaza State Office Building
2nd Floor Auditorium
400 Deaderick Street
Nashville, TN 37243-1403

MORE: Information concerning the hearing should be addressed to:

Regina Surber, Director
Community Services
Tennessee Department of Human Services
400 Deaderick Street 14th Floor
Nashville, TN 37243-1403
Telephone: (615) 313-4759

Copies of the draft State Plans will be available in the State Office on the day of the hearing, or in advance of the hearing by contacting the number above. Written comments on the State Plans will be accepted at the above address through the close of business February 29, 2008.

Any individuals with disabilities who wish to participate in these public hearings should contact the Tennessee Department of Human Services to discuss services needed to facilitate participation in the hearing. Contact should be made no less than ten days prior to the date of the public hearing to allow the Department time to provide needed services.

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Transcript of LIHEAP Hearing

Public Hearing Transcript
February 19, 2008
Nashville, TN

Low Income Home Energy Assistance Program (LIHEAP)

State staff (Surber): Anything else on CSBG at this time? If not, we will move on to the LIHEAP program, the Low Income Home Energy Assistance Program. And again if later you think of something with CSBG just let us know but please note that you are speaking to the CSBG program so we can keep our records straight. So for now we will take comments and suggestion on the LIHEAP program.

Participant: Kaye Lawler from Shelby. Number one for zero income it says that we have someone signs who knows that this person has zero income. Well that's not good. Most of the time we can get it out of ACCENT but for others about the only other people who would know are people with zero income themselves. Also, prior to this the idea of a scale has been a choice. Now we're having it pushed down our throats. In Shelby County giving one benefit to everyone is the best way to go. I would very much like to see us go back to having a choice.

State staff (Surber): The range of benefit levels?

Participant: Yes, benefit levels.

State staff (Surber): We'll make sure we look at that issue.

Portions of this tape are inaudible.

Participant: Can you do something about the notices regarding funding that go out from your Department so we are given the information in advance so we can be prepared.

State staff (Surber): We can ask. As you know I don't develop and send out those public notices and sometimes I don't have advance notice either.

Participant: The frail elderly category needs some clarity.

State staff (Surber): the frail elderly category was added last year and is a federal designation. The definition was so complicated that they couldn't seem to explain it either. They have backed off on it this year and we won't have it in there. I'm sure sometime in the future we will see that phrase again, but for now we won't have to worry about it. Frail elderly is a term used throughout HHS programs but I think in the LIHEAP program they were trying to help us get to some of the most needed clients but I think their definition just didn't help us in the way they had intended.

State staff (Surber): Joel did you have a comment?

Participant: Yes, Joel Rutherford, Montgomery County. Regarding the range in benefits I also would like to see some flexibility there. Basically we can serve more people the other way. I prefer the flexibility. Another question I have relates to the section of the report that asks for the average assistance paid on behalf of the client but we don't pay averages.

State staff (Surber): I think what they were getting at there was just simply on average how much did you spend that period on benefits.

Participant: Ok, that's good.

Inaudible portion of the tape.

State staff (Surber): So you would like to see that the points for the elderly are more than the households with young children?

Participant: I think so because this year we had a lot of elderly people left out. Especially our older elderly.

State staff (Surber): So you would like to see an additional line on there for 70 and above?

Participant: Yes that would be good. We need to emphasize the elderly.

State staff (Surber): So are you asking that the points for households with children be reduced?

Participant: Well, I'm not saying reduce theirs but somehow give more to our really elderly folks.

Participant: That's really important because this year I had three individuals over 100. That is unusual but it does happen.

State staff (Surber): That is unusual. Did anyone else see clients over the age of 100.

Participant: On page 75 it gives points for APS clients and I'm wondering where those referrals would come from. We don't see a lot of those clients.

State staff (Surber): The APS clients are the Departments clients and they do want them included in any of our service programs. Typically it would be the APS counselor who would be making a call on their client's behalf and they should be identifying them as APS clients. I doubt that you would see a lot of those but it is something I can get with the APS staff about and make sure that is they are making a call on behalf of one of their clients that they identify that for you so you can know to add the additional priority points.

Participant: On page 100 under number seven it talks about LIHEAP credit balances being returned to the agencies within 90 days. Is there anyway we can reduce that because if the fiscal year ends in June than that could carry over into the next year. Maybe look at a 30 to 45 day time frame.

State staff (Surber): 30 to 45 days for turnaround.

Participant: I would like 15 but I didn't think that would fly.

State staff (Surber): I'm not sure we can make it work with 15 but we will look at this issue.

Participant: Well anything less than 90 would be good.

Participant: At what point can we talk about if the amendments are ready.

State staff (Surber): When we are finished here, I will check on yours Marvin. As I have told you before once things leave my desk they go through several steps and I have no control over when they are returned to my desk. All of you have been great by the way in getting them back to me as quickly as you did. Even though I know some of you struggle with your own internal processes with the number of signatures that you are required to obtain and the hoops that you have to jump through. Once it comes back to me I put the routing sheet on it and then it goes to the Contracts Office. They handle the internal process. Once it is signed and entered into STARS which is our accounting system that says this is how much money this agency has, then they bring it back to my desk for me to send to you. It truly is out of my hands once I start the process and once it comes back to me. I understand your frustration as you worked really hard to get it to me almost overnight in some cases and then it is like it sets here for several days.

State staff (Prichard): I feel your frustration and I know it isn't easy for you to have to get everybody in your county to sign off on it. We know you need those funds as soon as possible and we are working to make that happen.

Tape is inaudible.

Participant: I have a concern about year round application period. I guess I don't have a concern about taking the applications but with the processing. When we were allowed to have an intake period, we had time to process and prioritize the applicants. I would like to see us have a time when we can take the elderly applications first so we can serve them and do an intake period for the others.

State staff (Surber): So you are asking for the opportunity to do an intake period.

Participant: On page 117 for the annual report it has the titles of assistance as heating, cooling, year round crisis and weatherization, which ones do we report under?

State staff (Surber): I'm looking at that as most of you still like to report as heating, cooling and crisis depending on when you served the clients. I'm talking with Fiscal to see we can continue to budget and report in that way. That will be clarified in the final draft of the state plan. Or, excuse me, the final state plan. I'm still working in draft mode. What you will receive is the final state plan.

State staff (Prichard): Is that what you would prefer to report even though we no longer have separate program components.

Participant: It is a year round program but the report breaks it don into heating and cooling parts. Which ever way you want it reported is ok with me. Just so we don't report in the wrong way.

State staff (Surber): Anything else on LIHEAP?

Participant: What is the time frame for the final draft of the plan to come out?

State staff (Prichard): The LIHEAP plan is due September 1.

State staff (Surber): I think he is referring to the State Plan for the July 1 contract period. We will take the written comments through the 29th of February and then we will start reviewing the tapes of this hearing. Then we will officially come up with our state plan after the end of the comment period. I would hope a couple of weeks after that we would have it ready for review for the Department. That maybe pushing it a little but we certainly don't want to wait until August which has happened in the past. Deadlines are very important and we are trying to establish our own internal deadlines so we can get this out to you in a timely manner. Obvious we should not expect you to begin a new year on July 1, if you don't have the guidelines for a new year. But at this point I don't have a firm date in mind. Do you Graham?

State staff (Prichard): No, I don't have a drop dead date for the plan. We obviously want to do it well and I'd rather not have Regina set a personal deadline for herself for a couple of weeks because we want to consider comments and do the things that it will take. We know you need it but we want it to be a good one when we get it to you. That's a long way around to say "no". When would you like it?

State staff (Surber): They really need it by April. In order to develop their program narrative and budgets.

Participant: Maybe April 1 so we can begin to get our program together?

State staff (Surber): April 1 was sort of my idea to give ourselves a couple of weeks after the comment period to get our draft together and then send it on for his supervisor and others to signoff on before it can be sent to you. They have to have time to comment and then we can get it ready to send to you. I do understand that THO has to have time to upgrade your software and you have to have time to train your staff especially the front line staff who get the questions so they will know what they are talking about when a client comes in. In my mind I was thinking April 1 but I can't carve that in stone because once it leaves my desk, I have no control over it as it has to go several other places and get sign-off on.

State staff (Surber): Would you prefer an electronic copy or a paper copy?

Participants (several voices): Electronic

State staff (Surber): Electronic? Ok we can do that. If there is nothing else on LIHEAP...yes?

Participant: On page 129 it states to count income as any utility allowance received from Public Housing and then on page 130 it says that it excludes it. Our current state plan says we do not count it.

State staff (Surber): Ok, page 129 and page 130. Ok, we will look at that and correct those discrepancies. Thank you.

State staff (Surber): Alright, if there is nothing else on LIHEAP, we will start the Weatherization comment period and then at the end we'll go back and wrap up and take comments and questions for all three programs just to make sure you have the opportunity to comment.